FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:37

DOCUMENT # **649382** **(9)**

1. Corporation Name

THE TRI-STAR GROUP, INC.

Principal Place of Business	Mailing Address
510 S. HIGHLAND AVE. CLEARWATER FL 34616	90 SECOND ST. MINEOLA NY 11501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/26/1979	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1971785	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: X ($8.75) Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 510 S. Highland Ave	26 C/O BOERNER
Suite, Apt. #, etc. 22 Clearwater Fla 34616	Suite, Apt. #, etc. 27 510 S. HIGHLAND AVE
City & State 23	City & State 28 CLEARWATER
Zip 24 / Country 25	Zip 29 34616 / Country 30 USA

9. Name and Address of Current Registered Agent

BOERNER, HENRY
C/O HARRY PRIOR
101 W. LEMON STREET
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	BOERNER, MARY ANN	12 NAME	BOERNER, HENRY	
STREET ADDRESS	85 MARJORIE CT.	13 STREET ADDRESS	c/o PRIOR	
CITY-ST-ZIP	MANHASSET NY 11030-1959	14 CITY-ST-ZIP	101 W. LEMON ST. TARPON SPRINGS Fla 34689	
TITLE	VS	21 TITLE		☐ Change ☐ Addition
NAME	BOERNER, HENRY	22 NAME		
STREET ADDRESS	101 W. LEMON ST.	23 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL 34689	24 CITY-ST-ZIP		
TITLE	V	31 TITLE		☐ Change ☐ Addition
NAME	PIROR, HARRY	32 NAME		
STREET ADDRESS	101 W. LEMON ST.	33 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL 34689	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] HENRY BOERNER – PRESIDENT 31 March 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0396527 FP

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DIVISION OF CORPORATIONS

FILED
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DIVISION OF CORPORATIONS
95 APR 11 PM 9:41

DOCUMENT # 649530 (3)

1. Corporation Name
"S" CORPORATION

Principal Place of Business	Mailing Address
3912 S.W. 8TH STREET CORAL GABLES FL 33134-9902	3912 S.W. 8TH STREET CORAL GABLES FL 33134-9902

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/28/1979	3a. Date of Last Report: 08/10/1994
4. FEI Number: 59-1957032	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☑	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SANCHEZ, JUSTO F.
3912 S.W. 8TH STREET
CORAL GABLES FL

10. Name and Address of New Registered Agent

31 Name	
32 Street Address (P.O. Box Number is Not Acceptable)	
33	
34 City	FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	V / D	☐ Change ☐ Addition
NAME	SANCHEZ, JUSTO F	1.2 NAME	Sanchez, Justo F.	
STREET ADDRESS	216 CAMPINA CT	1.3 STREET ADDRESS	216 Campina Ct.	
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	MV	2.1 TITLE	V / D	☑ Change ☐ Addition
NAME	SANCHEZ, ELENA	2.2 NAME	Sanchez, Elena	
STREET ADDRESS	216 CAMPINA CT.	2.3 STREET ADDRESS	216 Campina Ct.	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	Coral Gables, fl 33134	
TITLE	CS	3.1 TITLE	C / S	☐ Change ☐ Addition
NAME	SANCHEZ, JUSTO J.	3.2 NAME	Sanchez, Justo J.	
STREET ADDRESS	216 CAMPINA CT.	3.3 STREET ADDRESS	216 Campina Ct.	
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	PD	4.1 TITLE	P / M	☑ Change ☐ Addition
NAME	SANCHEZ, LOURDES B.	4.2 NAME	Sanchez, Lourdes B.	
STREET ADDRESS	216 CAMPINA CT.	4.3 STREET ADDRESS	216 Campina Ct.	
CITY-ST-ZIP	CORAL GABLES, FL.	4.4 CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		5.1 TITLE	V / D / T	☐ Change ☑ Addition
NAME		5.2 NAME	Rua, Leonor	
STREET ADDRESS		5.3 STREET ADDRESS	216 Campinaq Ct.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Justo J. Sanchez Chairman and Secty. 3/27/95 (305)444-6611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0137877 CP