FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Apr 28 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B, Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # (2)651236 GOLD STAR, INC. Principal Place of Business Mailing Address 701 LINCOLN ROAD 701 LINCOLN ROAD SUITE 103 SHITE 103 DO NOT WRITE IN THIS SPACE MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 3. Date Incorporated or Qualified 11/07/1979 2. Principal Place of Business 2a. Mailing Address FEI Numbe Applied For 26 1674 MENDIAN ANZ MERIDIAN AVE 59-1951764 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired SUITE Fee Required City & State MIDMI BENCH, FUE \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible USA Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent A1 SCHULTZ, ARTHUR J 701 LINCOLN ROAD SUITE 103 MIAMI BEACH FL 33139 11. Pursuant to the provisions of Soctions 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 proporation's 503rd of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Eprida statutes. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE TITLE SCHULTZ, ROCHELLE 1.2 NAME SCHULTZ, ROCHELLE NAME 1674 MENDIAN MANUE - SUITE 308 STREET ADDRESS 701 LINCOLN ROAD STE 103 1.3 STREET ADDRESS MIAMI BCH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE SCHULTZ, ARTHUR J SCHULTZ, ANTHUR DI NAME 2 2 NAME - SUITE 308 1674 MENIDIAN AVENUE 701 LINCOLN ROAD, SUITE 103 STREET ADDRESS 2.3 STREET ADDRESS MIAMI BEACH FL MIAMI BEACH, FROMIDA 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

FILED

14. I hereby certify that the information supplied with this filing 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 trustae 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 evacune that the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustae 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 evacune trustae 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 evacune trustae 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 evacune trustae empowered to execute this report as required by Chapter 607, Florida Statutes.

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

NAME

STREET ADDRESS