FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # F93000003505 (5)

1. Corporation Name
GOLD STAR CASINOS, INC.

Principal Place of Business
1412 BROADWAY
718
NEW YORK NY 10018
US

Mailing Address
1412 BROADWAY
718
NEW YORK NY 10018
US

2. Principal Place of Business 21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

3. Date Incorporated or Qualified: 08/02/1993
3a. Date of Last Report: 08/14/1995
4. FEI Number: 13-3724433 ☐ 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

9. Name and Address of Current Registered Agent

TILLEY, CLIVE P
2601 SOUTH BAYSHORE DRIVE
MIAMI FL 33133

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 ____ Signature, typed or printed name of registered agent and title if applicable ____ DATE

12. OFFICERS AND DIRECTORS

TITLE	PDC	☐ DELETE
NAME	TILLEY, CLIVE	
STREET ADDRESS	2601 S. BAYSHORE DRIVE, SUITE 1119	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	D	☐ DELETE
NAME	KORNBLUM, MICHAEL	
STREET ADDRESS	1412 BROADWAY, STE. 718	
CITY-ST-ZIP	NEW YORK NY	
TITLE	CFOS	☐ DELETE
NAME	O'MALLEY, PATRICK	
STREET ADDRESS	1412 BROADWAY, STE. 718	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	☐ DELETE
NAME	WILLIAMS, DAVID	
STREET ADDRESS	2601 S. BAYSHORE DRIVE, SUITE 1119	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	V	☐ DELETE
NAME	MATTHEWS, DALE	
STREET ADDRESS	2601 S. BAYSHORE DRIVE, SUITE 1119	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	200001852482	☐ Change ☐ Addition
5.2 NAME	-06/05/96--01104--003	
5.3 STREET ADDRESS	***225.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME	5-1-96	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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: ____ , EXP CFO ____ 212-704-0700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #