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

APPROVED AND FILED
95 MAY -1 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K69226 (4)

1. Corporation Name
VISTAR INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
3095 S. A LA MELBOURNE BCH. FL 32951	P.O. BOX 510758 MELLOURNE BCH. FL 32951

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/01/1989
3a. Date of Last Report: 06/16/1994
4. FEI Number: 59-2936750 — 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
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

BAIRD, J. BRIAN ESQ
225 E. ROBINSON ST.
SUITE 410
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: Michael J. Maloney
82 Street Address (P.O. Box Number is Not Acceptable): 407 Wekiva Springs Road, Suite 213
83 P.O. BOX 916146 Longwood, FL 32791
84 City: Longwood — FL — 85 Zip Code: 32779

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] — Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE 5-30-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1 1 TITLE	VP ☐ Change ☒ Addition
NAME	MILLIUS, HIU YUEN	1 2 NAME	William M. Tollmann
STREET ADDRESS	3095 A1A HWY	1 3 STREET ADDRESS	3095 S. A-1-A
CITY-ST-ZIP	MELBOURNE BCH FL	1 4 CITY-ST-ZIP	Melbourne Beach, Fl 32951
TITLE	VS	2 1 TITLE	☐ Change ☐ Addition
NAME	~~VAUGIER, RICHARD~~ Deceased	2 2 NAME	
STREET ADDRESS	~~5047 ROYAL PINE BLVD~~	2 3 STREET ADDRESS	
CITY-ST-ZIP	~~ORLANDO FL~~	2 4 CITY-ST-ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	8/7/3
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	REMITTED BY MAY 1
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)(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: [signature] V.P. — 4-26-94 (Date) — 407 869 2161 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William M. Tollmann

0421076 FP