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 # **L01201** **(7)**

1. Corporation Name

DEEPSTAR FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
1221 BRICKELL AVENUE #900 MIAMI FL 33131 US	1221 BRICKELL AVE. #900 MIAMI FL 33131 US

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

3. Date Incorporated or Qualified: **07/10/1989**

3a. Date of Last Report: **02/14/1995**

4. F.E.I. Number: **65-0133896** ☐ 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

LANE, FRANK A.
2900 MIDDLE ST 5 FL
GROVE PLAZA BLDG
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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CD ☐ DELETE	1 TITLE ☐ Change ☐ Addition
NAME	ARMSTRONG, ANTHONY, A	1 NAME
STREET ADDRESS	6170 NW 173 ST #424	1 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	1 CITY-ST-ZIP
TITLE	D ☐ DELETE	2 TITLE ☐ Change ☐ Addition
NAME	BROWN, DONALD B., JR.	2 NAME
STREET ADDRESS	10866 AVONSDALE CIRCLE	2 STREET ADDRESS
CITY-ST-ZIP	PORT CHARLOTTE FL	2 CITY-ST-ZIP
TITLE	☐ DELETE	3 TITLE ☐ Change ☐ Addition
NAME		3 NAME
STREET ADDRESS		3 STREET ADDRESS
CITY-ST-ZIP		3 CITY-ST-ZIP
TITLE	☐ DELETE	4 TITLE ☐ Change ☐ Addition
NAME		4 NAME
STREET ADDRESS		4 STREET ADDRESS
CITY-ST-ZIP		4 CITY-ST-ZIP
TITLE	☐ DELETE	5 TITLE ☐ Change ☐ Addition
NAME		5 NAME
STREET ADDRESS		5 STREET ADDRESS
CITY-ST-ZIP		5 CITY-ST-ZIP
TITLE	☐ DELETE	6 TITLE ☐ Change ☐ Addition
NAME		6 NAME
STREET ADDRESS		6 STREET ADDRESS
CITY-ST-ZIP		6 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is true and accurate; that my electronic 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 above, or on an attachment with an address.

SIGNATURE: Anthony A Armstrong 4/9/96 305 347 5119

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

CR2E034 (12/95)