FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

(1)

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
97 AUG 29 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 68920

1. Corporation Name: NORTH/STARR INSURANCE, INC.

Principal Place of Business	Mailing Address
6570 W 5th PL Hialeah, FL 33012	6570 W 5th PL Hialeah, FL 33012

3. Date Incorporated or Qualified: 4/30/90
3a. Date of Last Report: 6/3/96

2. Principal Place of Business	2a. Mailing Address
21 6500 W 4th Ave	26 6500 W 4th Ave.
22 Suite, Apt. #, etc. #43	27 Suite, Apt. #, etc. #43
23 City & State Hialeah, FL	28 City & State Hialeah, FL
24 Zip 33012 25 Country USA	29 Zip 33012 30 Country USA

4. FEI Number: 65-0186021 ☐ 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	10. Name and Address of New Registered Agent
MARIELLA J. NELSON 6570 W 5th PL Hialeah, FL 33012	81 Name: TELVA RENAUD 82 Street Address (P.O. Box Number is Not Acceptable): 6500 W 4th Ave. 83 #43 84 City: Hialeah, FL 85 Zip Code: 33012

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: Telva Renaud — 8/21/97
Signature, Typed or Printed Name of Registered Agent and Title if Applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ DELETE PVST MARIELLA J. NELSON 6570 W 5th PL Hialeah, FL 33012	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☒ Addition PT JOSE' M. RENAUD 6570 W 5th PL Hialeah, FL 33012
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☒ Addition VS TELVA RENAUD 6500 W 4th Ave #43 Hialea, FL 33012
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition 400002284534----7 --09/04/97--01046--008 *****8.75 *****8.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition 400002284534----7 -09/04/97--01046--009 ****165.00 ****165.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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 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: Telva Renaud — 8/21/97 — (305) 828-7451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(2)

NORTH STAR INSURANCE INC.
6500 W. 4TH AVE.
HIALEAH, FL 33012
TEL. (305)828-7451

July 22, 1997

Fla. Dept of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

L68920

RE: EIN 65-0816021
Corporate Annual Report

Dear sir/madam:

Enclosed please find our check for $165.00 to cover the 1997 Corporate Anual Report.

As explained to you, we never received this year annual report. Since we started this company, in 1990, we have paid our annual fees on time and never failed to file the report. This year we did not get it.

Please verify in our records that the address is the on our letter. We greatly appreciate your attention to this matter.

Sincerely,

NORTH/STARR INSURANCE, INC.
6500 W. 4th Ave., # 43
Hialeah, FL 33012

P/S Sending you $8.00 for a certification