FILED FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 Sep 18 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # 170780 1. Corporation Name 500002297805 Star Sign, Inc. -09/19/97--01046--002 ***1100.00 Principal Place of Business Mailing Address 255 University Drive DO NOT WRITE IN THIS SPACE: Coral Gables, FL 3. Date Incorporated or Qualified 3a. Date of Last Report 5/3/90 4. FEI Numbe 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 65-0679821 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Ele 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes Alo Zφ Zφ Country Country 24 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) Arnaldo Velez 255 University Drive 63 Coral Gables, FL 33134 City 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. O 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 607.0503. Florida Statutes. SIGNATURE INOTE Reastered Agent agnature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS Change noitibbA TITLE 1 1 TiffLE PD Arnaldo Velez NAME 12 NAME 255 University Drive STREET ADDRESS 13 STREET ADDRESS Coral Gables, FL 33134 CITY - ST - ZIP 14 CITY-ST-ZIP Addition Change TITLE 2 1 TITLE NAME VP Georgina Valdes 2 2 NAME STREET ADDRESS 255 University Drive 2 3 STREET ADDRESS

14. 1 do hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119 07(3(k), Flonda 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

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Coral Gables, FL 33134

9-1/2-97 (305) 461-9499

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