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 # **M85374** **(0)**

1. Corporation Name
FIVE STAR INTERNATIONAL BROKERS, INC.

Principal Place of Business
110009 STATE ROAD. A1A
NORTH PALM BEACH FL 33408

Mailing Address
110009 STATE ROAD. A1A
NORTH PALM BEACH FL 33408

3. Date Incorporated or Qualified: 06/14/1988
3a. Date of Last Report: 06/14/1995

2. Principal Place of Business
21 Louis J. Cammarata
22 Suite, Apt. #, etc. 19 Somerset Drive
23 City & State Palm Beach Gardens, Fl. 33418
24 Zip 25 Country

2a. Mailing Address
26 Louis J. Cammarata
27 Suite, Apt. #, etc. 19 Somerset Drive
City & State Palm Beach Gardens, Fl. 33418
29 Zip 30 Country

4. FEI Number 65-0057361 ☐ 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**

CAMMARATA, LOUIS J.
11009 STATE ROAD
NORTH PALM BEACH FL 33408

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) Louis J. Cammarata
83 19 Somerset Drive
84 City Palm Beach Gardens, Fl. 33418 FL 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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	CAMMARATA, LOUIS J.	
STREET ADDRESS	~~11009 STATE ROAD~~ 19 SOMERSET DR.	
CITY-ST-ZIP	~~NORTH PALM BCH FL~~ PALM BEACH GARDENS	
TITLE	DS	☐ DELETE
NAME	CAMMARATA, MARION	
STREET ADDRESS	~~11009 STATE ROAD~~ 19 SOMERSET DR.	
CITY-ST-ZIP	~~NORTH PALM BEACH FL~~ PALM BEACH GARDENS	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: ______ 1/20/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)