

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -9 PM 3:56

DOCUMENT # P93000036722 (5)

1. Corporation Name

GREATSTAR INVESTMENTS, INC.

Principal Place of Business

3079 NE 163RD ST.
N. MIAMI BCH. FL 33160
US

Mailing Address

P. O. BOX 630817
MIAMI FL 33163
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/20/1993

3a. Date of Last Report

08/09/1994

4. FEI Number

65-0416937

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

PREMIER ASSET MANAGEMENT INC.
3115 NE 163RD STREET
N. MIAMI BCH. FL 33160

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	GILINSKI, SAUL
STREET ADDRESS	3079 NE 163RD ST.
CITY - ST - ZIP	N. MIAMI BCH. FL
TITLE	S
NAME	GILINSKI, FLORETTE
STREET ADDRESS	3079 NE 163RD STREET
CITY - ST - ZIP	N. MIAMI BCH. FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	☒ Change ☐ Addition
1.2 NAME	GILINSKI, SAUL	
1.3 STREET ADDRESS	3000 ISLAND BLVD. #1805	
1.4 CITY - ST - ZIP	WILLIAMS ISLAND, FL 33160	
2.1 TITLE	S/D	☒ Change ☐ Addition
2.2 NAME	GILINSKI, FLORETTE	
2.3 STREET ADDRESS	3000 ISLAND BLVD. #1805	
2.4 CITY - ST - ZIP	WILLIAMS ISLAND, FL 33160	
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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SAUL GILINSKI, PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/95 (305) 935-5175

Date Daytime Phone #