FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P93000036722 (5)

GREATSTAR INVESTMENTS, INC.

FILED Feb 16 1998 8:00am Secretary of State

Principal Place	e of Business	Mailing Address			i indicati con stata icini adici della	BBIOT BBABB HINE BINT TOBIE TIBLE IND IBBI		
3079 NE 163RD ST.		P. O. BOX 630817						
N. MIAMI BCH. FL 33160		MIAMI FL 33163 US	MIAMI FL 33163		DO NOT WRI	DO NOT WRITE IN THIS SPACE		
03		03			3. Date Incorporated or Qualified	d		
					05/20/1993			
	lace of Business	2s. Mailing Address			4. FEI Number	Applied For	\Box	
	NE 191 Street	26			65-04 16937	Not Applicable	의	
Suite, Apt.	#, elc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred		
22 PH I City & State		City & State		- Floris C		┥		
23 Aventura, FL		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be			
^Z 3318	n Country	7 _(P)	Coun	try	a. This corporation owes or has		7	
24 33180 USA		29	30		1	Personal Property Tax due June 30. Yes No		
	9. Name and Address of Curren				10. Name and Address of New		_	
PRE	MIER ASSET MANAGEMENT INC	3.		Name			1	
3115 NE 163RD STREET			ļ,	Street A	Address (P.O. Box Number is Not Accept	table)	\dashv	
N. I		Ĺ				┙		
1			[*	33				
			-	4 City		85 Zip Code	\dashv	
				1 1		FL `	_	
11. Pursuant i	to the provisions of Sections 607.0502 egisterod agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Statut of Florida, Such change was a stone of Section 607.0505, Florida	es, the abo authorized orida Statu	ove-named by the corp	corporation submits this statement for the poration's board of directors. I hereby acc	a purpose of changing Its registered cept the appointment as registered	'	
1	or larning: with, and accept the oringe	mons of, aponon oor.osos, ric	Jilda Sialu	100.			1	
SIGNATURE	Signature, typed or proted name of registered ager	nt and the if applicable (NOT	L Registered	Agent signature	required when reinstating)	DATE	_]6	
12.	OFFICERS AND	the second secon	13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12	∏ }	
TITLE	PD	☐ DELFTE	1.1 TIT(☐ Change ☐ Addition	n ₹	
NAME	GILINSKI, SAUL		1.2 NAM				3	
STREET ADORESS	3000 ISLAND BLVD. #1805			EET ADDRESS			į	
CITY-ST-ZIP	WILLIAMS ISLAND FL	DELETE		'-ST-ZIP		Change Addition	:- }	
TITLE	SD CHARLE FLODETTE	L DETETE	2.1 TITL			Change LI Addition	Ί)	
NAME	GILINSKI, FLORETTE		2.2 NAN				-	
STREET ADDRESS	3000 ISLAND BLD. #1805			EET ADDRESS			1	
CITY-ST-ZIP TITLE	WILLIAMS ISLAND FL	DOFLETE	2. 4 CH	Y-ST-ZIP E		Change Addition	ᅱ	
NAME			3.2 NAN					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP			}	
TITLE		☐ DELETE	4.1 TITL			Change Addition	丌	
NAME			4. 2 NAI	AE .				
STREET ADDRESS			43 STR	EET ADDRESS			-	
CITY-ST-ZIP			4.4 C(T)	-ST-ZIP	<u> </u>		╛	
TITLE		☐ DELETE	5.1 TH	E		Change Addition	ם	
NAME			5.2 NAN	1E				
STREET ADDRESS			5.3 STR	EET ADDRESS	1			
CITY-ST-ZIP	······································			-ST-ZIP			_	
TITLE		☐ DELETÉ	6.1 TITE			Change Addition	۱ '	
NAME			6.2 NAN					
STREET ADDRESS				EEI ADORESS				
CITY-ST-ZIP			6.4 CITY	- ST - ZIP	l			

14. Thereby 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 13 if changed, or on an introducing with an address.

SIGNATURE:

mary

1-28-98

(905)935-5175