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PROFIT CORPORATION ANNUAL REPORT

1997

CHY-ST-ZIP

SIGNATURE:

Lam an officer or director of the cor appears in Block 12 or Block 13 if of



FLORIDA DEPARTMENT OF STATE

FILED

Apr 02 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000075227 (7)

FIVE-STAR ADVERTISING, INC.

Principal Place of Business Mailing Address 2655 LEJEUNE RD 2655 LEJEUNE RD PENTHOUSE A-1 PENTHOUSE A-1 CORAL GABLES FL 33134-5827 **CORAL GABLES FL 33134** 3. Date Incorporated or Qualified 3a. Date of Last Report 11/01/1993 11/01/1996 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 65-0453084 26 Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6, Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent g. Name and Address of New Registered Agent BAUER, PAUL A 2655 LEJEUNE RD 82 Street Address (P.O. Box Number is Not Acceptable) GABLES INTERNATIONAL PLAZA PENTHOUSE 1-C 83 **CORAL GABLES FL 33134** 84 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 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 v en reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)OFFICERS AND DIRECTORS 12 13. Addition DELETE 1.1 TITLE THE BAUER, PAUL A 12 NAME NAME 2655 LEJEUNE RD GAVLES INTL PLLZ PH A-1 1.3 STREET ADDRESS STREET ADDRESS **CORAL GABLES FL** 1.4 CITY-ST-ZIP CHTY - ST - ZIF DELETE Addition 2.1 TITLE TOTLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY - S1 - ZIP __ DELETE ☐ Change Addition THEF 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADORESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY - ST - ZIP □ DELETE 4.1 TITLE Change Addition TILE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE 51 TITLE ☐ Addition TITLE NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TIFLE 6.1 TITLE Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 solver furustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

with an address