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

APPROVED AND FILED
95 MAY -1 AM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000087905 (4)

1. Current Name
SOUTH STAR INC.

Principal Place of Business	Mailing Address
5979 VINELAND RD STE 305 ORLANDO FL 32819 US	5959 VINELAND RD STE 305 ORLANDO FL 32819 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated (or Qualified): 12/27/1993
3a. Date of Last Report: 04/06/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

4. FEI Number: 59-3215513 ☐ Applied For ☐ Not Applicable

Suite, Apt. # etc. — 22 / 27

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State — 23 / 28

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

24 / 25 / 29 / 30

7. This corporation has authority to transact business in Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JOHN M MACDANIEL PA
TWO S BISCAYNE BLVD
ONE BISCAYNE TOWER SUITE 3780
MIAMI FL 33131

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 Section(s) 607.0502 and 607.1908, 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(S)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	P	01 TITLE	☐ Change ☐ Addition
02 NAME	ANDRADE, LUIS	02 NAME	
03 STREET ADDRESS	7635 INTERNATIONBAL DR	03 STREET ADDRESS	
04 CITY ST ZIP	ORLANDO FL	04 CITY ST ZIP	
05 TITLE	T	05 TITLE	V. P ☑ Change ☐ Addition
06 NAME	~~CHADA, EDSON~~	06 NAME	LUCIA CHADA
07 STREET ADDRESS	~~5979 VINELAND RD #305~~	07 STREET ADDRESS	7620 CEDARTIME WAY
08 CITY ST ZIP	~~ORLANDO FL~~	08 CITY ST ZIP	ORLANDO FL 32819
09 TITLE		09 TITLE	☐ Change ☐ Addition
10 NAME		10 NAME	
11 STREET ADDRESS		11 STREET ADDRESS	
12 CITY ST ZIP		12 CITY ST ZIP	
13 TITLE		13 TITLE	☐ Change ☐ Addition
14 NAME		14 NAME	
15 STREET ADDRESS		15 STREET ADDRESS	
16 CITY ST ZIP		16 CITY ST ZIP	
17 TITLE		17 TITLE	☐ Change ☐ Addition
18 NAME		18 NAME	
19 STREET ADDRESS		19 STREET ADDRESS	
20 CITY ST ZIP		20 CITY ST ZIP	
21 TITLE		21 TITLE	☐ Change ☐ Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY ST ZIP		24 CITY ST ZIP	

14. I 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)(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 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Luis R. Jr. Chada
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0061160 CP