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

CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Suite, Apt. #, etc.

City & State

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Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P94000029601

LASER STAR TECHNOLOGIES, INC.

Country

Mailing Address Principal Place of Business 4901 HOLLYWOOD BLVD 4801 HOLLYWOOD BLVD HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 2a. Mailing Address 26 21

25 24 9. Name and Address of Current Registered Agent PERETZ. STEVEN I 201 S BISCAYNE BLVD 1970 MIAMI CENTER MIAMI FL 33131

Suite, Apt. #, etc.

City & State

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Ζip

DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current-year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes

Not Applicable

FILED

Jan 26 1998 8:00am

Secretary of State

83 84 City Zip Code

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

3. Date Incorporated or Qualified 04/19/1994 4. FEI Number

65-0482601

Street Address (P.O. Box Number is Not Acceptable)

5. Certificate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

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 uired when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ___ Addition DELETE 1.1 TITLE Change TITI F PERETZ, DAVID 1.2 NAME NAME 4801 HOLLYWOOD BLVD STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL 33021 1.4 CITY-ST-ZIP CITY-ST-7IP Change Addition DELETE TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-\$T-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP __ Change Addition DELETE TITLE 5 1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change ___ Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP

Country

81 Name

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14. 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 agricultary 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 of 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:

TRE REQUIREDA DAVID REKETZ