SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000008360 (6)

1. Corporation Name

ORIENTAL STAR CORP.

Principal Place of Business

~~1401 BRICKELL AVE SUITE 700~~
~~MIAMI FL 33131~~
11645 Biscayne Blvd.
MIAMI FL 33181

Mailing Address

~~1401 BRICKELL AVE SUITE 700~~
~~MIAMI FL 33131~~
11645 BISCAYNE BLVD
SUITE 306A/MIA FL 33181

3. Date Incorporated or Qualified: 01/30/1995
3a. Date of Last Report:

4. FEI Number: 65-0552211 — Applied For / Not Applicable

2. Principal Place of Business
21: 306A
Suite, Apt #, etc
22: MIAMI FLORIDA
City & State
23:
24: 33181 (Zip) — 25 Country:

2a. Mailing Address
26:
Suite, Apt #, etc
27: 306 A
City & State
28: MIAMI FLA
Zip
29: 33181 — 30 Country: USA

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

9. **Name and Address of Current Registered Agent**

KTG & S REGISTERED AGENT CORPORATION
~~**1401 BRICKELL AVE SUITE 700**~~
~~**MIAMI FL 33131**~~

10. **Name and Address of New Registered Agent**

81 Name: JOSEPH D. CAMHI
82 Street Address (P.O. Box Number is Not Acceptable): 444 BRICKELL AV, STE 51-359
83
84 City: MIAMI FL 85 Zip Code: 33131

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: JOSEPH D CAMHI / PRESIDENT
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		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/T/S/D	☐ Change ☒ Addition
1.2 NAME	JOSEPH D. CAMHI	
1.3 STREET ADDRESS	444 BRICKELL AVE STE 51-359	
1.4 CITY-ST-ZIP	MIAMI FL 33131	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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	800001919188	☐ Change ☐ Addition
6.2 NAME	-08/12/96--01041--025	
6.3 STREET ADDRESS	***225.00	
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

8-12-96

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: AUG 5/96 — Daytime Phone #: (305) 895 2080

0040871 CP