

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

FILED

Feb 10 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000011833 (7)

1. Corporation Name

FOUR STAR WORLDWIDE DISTRIBUTORS, INC.

Principal Place of Business

3500 PARK CENTRAL BLVD N  
SUITE 205  
POMPANO BEACH FL 33064  
US

Mailing Address

3500 PARK CENTRAL BLVD N  
SUITE 205  
POMPANO BEACH FL 33064-2235  
US

3. Date Incorporated or Qualified

02/13/1995

3a. Date of Last Report

02/02/1996

4. FEI Number

65-0565274

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

KAYE & ROGER, P.A.  
1500 W. CYPRESS CREEK RD.  
SUITE 207  
FT. LAUDERDALE FL

10. Name and Address of New Registered Agent

81 Name KAYE & ROGER PA  
82 Street Address (P.O. Box Number is Not Acceptable)  
6261 NW 6th Way  
83 Suite 101  
84 City Ft. Lauderdale FL 85 Zip Code 33309

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 (Type or print name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	PORES, TODD	<input type="checkbox"/> DELETE
NAME		3500 PARK CENTRAL BLVD N	
STREET ADDRESS		POMPANO BEACH FL	
CITY-ST-ZIP			
TITLE	D	NATALE, JOHN R JR	<input type="checkbox"/> DELETE
NAME		3500 PARK CENTRAL BLVD N	
STREET ADDRESS		POMPANO BEACH FL	
CITY-ST-ZIP			
TITLE	D	LARATRO, TOM	<input type="checkbox"/> DELETE
NAME		3500 PARK CENTRAL BLVD N	
STREET ADDRESS		POMPANO BEACH FL	
CITY-ST-ZIP			
TITLE	D	ALLEN, DANIEL	<input type="checkbox"/> DELETE
NAME		3500 PARK CENTRAL BLVD N	
STREET ADDRESS		POMPANO BEACH FL	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)