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

FILED
96 AUG 21 AM 11:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000070886 (3)

1. Corporation Name
TRI-STAR ACQUISITION CORPORATION

Principal Place of Business	Mailing Address
310 PALMER PARK PALM BEACH FL 33480	310 PALMER PARK PALM BEACH FL 33480

3. Date Incorporated or Qualified: 09/14/1995
3a. Date of Last Report:

2. Principal Place of Business
21 20101 N.E. 15TH COURT
Suite, Apt. #, etc. 22
City & State 23 MIAMI, FL 33179
Zip 24 Country 25

2a. Mailing Address
26 P.O. BOX 3388
Suite, Apt. #, etc. 27
City & State 28 PALM BEACH, FL 33480
Zip 29 Country 30

4. FEI Number: 65-0606809 ☐ Applied For ☐ Not Applicable
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
OGOE, JOHN G
250 ROYAL PALM WAY
SUITE 300
PALM BEACH FL 33480

10. Name and Address of New Registered Agent
81 Name: MARK L. WOOLFSON
82 Street Address (P.O. Box Number is Not Acceptable): 20101 N.E. 15TH COURT
83
84 City: MIAMI FL 85 Zip Code: 33179

11. Pursuant to the provisions of Sections 607.0502 and 607.1808, 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: Mark L. Woolfson President DATE: 8/20/96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOOLFSON, MARK 310 PALMER PARK PALM BEACH FL 33480	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PD WOOLFSON, MARK L. 310 POLMER PARK PALM BEACH, FL 33480	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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****375.00 ****375.00

8/22/96

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added to the report with an address.

SIGNATURE: Mark L. Woolfson President 8/20/96 305-653-8363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0159838 FP