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₽ PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra 8 Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

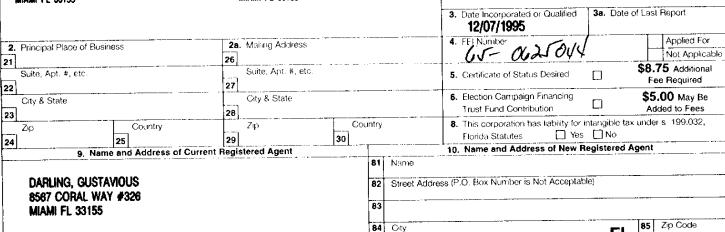
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MEDICAL STAR SERVICES CORPORATION

Principal Place of Business 8567 CORAL WAY #326 MIAMI FL 33155

Mating Address

8567 CORAL WAY #326 MIAMI FL 33155



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 Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am

84 City

12.	Signar in Typind or printed name of registeric agent and st OFFICERS AND DIF		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD	DELETE	1, 1 TIFLE	Change Addition
NAME	DARLING, GUSTAVIOUS		1.2 NAME	
TREET ADDRESS	8567 CORAL WAY #326		1.3 STREET ADDRESS	
ITY-SI-ZIP	MIAMI FL 33155		14 CITY - ST - ZIP	
ITLE		DELETE	2 1317:16	Change Addition
AME			2.2 NAME	
TREET ADDRESS			2.3 STREET ADDRESS	
DITY - ST - ZIP			2 4 C+TY - ST - Z+P	
ITLE		☐ DELFTE	3 1 THILE	Change Addition
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TREE I ADDRESS			3.3 STREET ADDRESS	
ITY-ST-ZIP			34CITY-S1-ZP	
ITLE		☐ DELETÉ	4 1 TITLE	Change Addition
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TREET ADDRESS			4.3 STREET ADDRESS	
City-SI-ZiP			4.4 City: St-Ziff	
ILE		☐ DELETE	5 1 TITLE	Change Addition
LAME			5.2 NAM!	
TREET ADORESS			5.3 STREET ADDRESS	
ITY - ST - Z-P			5.4 CITY - ST - ZIP	
ILE		DELETE	6 1 TITLE	Change Addition
vAME			6.2 NAME	
STREET ADDRESS			6 3 STREET ADDRESS	
CITY - ST - ZIP			64 CITY - ST-ZIP	

14. If 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 the my signature shall have the same logal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee enipowered 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: Gustavious Darling.President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR