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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P96000058073 (3)

**FILED** Feb 13 1998 8:00am Secretary of State

G-STAR INVESTMENTS, INC.					
Principal Place of Business Mailing Address		<u></u>	T HOULISON IND FOLICE BUILT BRIEF GOINT GOINT BOIDT &	101 10111 00111 10000 bill imp	
201 SOUTH BISCAYNE BLVD. #1920 201 SOUTH BISCAYNE B		VD. #1920			
MIAMI FL 33131 MIAMI FL 33131				DO NOT WRITE IN THIS	CDACE
				3. Date Incorporated or Qualified	STACE
				07/10/1996	ì
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0688416	Not Applicable
Suite, Apt. #, etc		Suite, Apl. #, etc.			\$8.75 Additional
22		[27]		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	<del></del>	28		Trust Fund Contribution	Added to Fees
Zip	Country	- 7φ	Country	8. This corporation owes or has paid the co	
24	25	· · · · · · · · · · · · · · · · · · ·	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren	· · · · · F · · · · · · ·	61 Name	10. Name and Address of New Registered	Agent
CORPORATION SERVICE COMPANY			I Name		
1201 HAYS STREET			82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
TAL	LAHASSEE FL 32301		83		
			84 City	FI	85 Zip Code
11 Pursuant I	to the provisions of Sactions 607 050	2 and 607 1508 Florida Statute	s the above-named co		
Office or re	egistered agent, or both, in the State	of Florida, Such change was a	uthorized by the corpor	orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	pointment as registered
agent (a	n tamiliar with, and accept the obliga	thons of Section 607,0505, Floi	rida Statutes.		
SIGNATURE	Signature, typed or printed injuries of registers diagrams	ev and the it applicable BODE	Registered Agent signature red	puired when reinstaling) DATE	
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	PSTD	DELETE	1.1 TITLE		Change Addition
NAME	OTERO, CARLOS J		1.2 NAME		
STREET ADDRESS	REET ADDRESS C/O 201 SOUTH BISCAYNE BLVD. #1920		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		14 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		J
CITY-\$1-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DELETE	5 1 TATLE		☐ Change ☐ Addition
NAME			5 2 NAME		
Street address			5 3 STREET ADDRESS		ļ
CITY-ST-ZIP		Driete	5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		DELETE	6.1 TITLE		CI CIRILINE (TI VOCIDION
NAME NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		ł
CITY-ST-ZIP			64 CITY-ST-ZIP		

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 suppliemental 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 he receiver or trusted 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 yet an appropriate with an address.

SIGNATURE: