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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1998 DOCUMENT # P9600060828 (6)

## FILED Feb 05 1998 8:00am Secretary of State

HOMESTAR, INC. Principal Place of Business Mailing Address 9020 S.W. 125TH AVENUE, F-309 P.O. BOX 560702 MIAMI FL 33186 PINECREST FL 33156 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/22/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For APPLIED FOR 65-073821S 21 26 Not Applicable \$8.75 Additional Suite, Apt #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 29 24 25 30 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PALMA, OLGA 13525 SW 75 CT 82 Street Address (P.O. Box Number is Not Acceptable PINECREST FL 33156 83 84 Zip Code ろとと 0000 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. Freside SIGNATURE sistered Agent signature required when reinstating). ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, 13. Change Addition DELETE PD TITLE 1.1 TITLE PALMA, OLGA 1.2 NAME 13525 SW 75 CT 1.3 STREET ADDRESS STREET ADDRESS PINECREST FL 33156 1.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME Jose 2.3 STREET ADDRESS W. 75 Court STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE Change ☐ AdditIon 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CiTY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition DELETE Change 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS GITY-ST-ZIP

14. I 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: ( LICENATURE RETS SUFFE I Fernandez, Aesident 1/31/88 305-256-847