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May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000065089 (0)

1. Corporation Name
UNIVERSAL FIVE STARS, INC.

[redacted]

Principal Place of Business	Mailing Address
%815 ORIENTA AVENUE SUITE 6 ALTAMONTE SPRINGS FL 32701	%815 ORIENTA AVENUE SUITE 6 ALTAMONTE SPRINGS FL 32701

3. Date Incorporated or Qualified: 08/05/1996
3a. Date of Last Report: 5/1/1997

2. Principal Place of Business	2a. Mailing Address
21: 420 Summit Ridge Place	26: 420 Summit Ridge Place
Suite, Apt. #, etc. 22: 200	Suite, Apt. #, etc. 27: 200
City & State 23: Longwood, Florida	City & State 28: Longwood, Florida
Zip 24: 32779 Country 25: U.S.A	Zip 29: 32779 Country 30: U.S.A

4. FEI Number: 59-3393854 ☐ 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	10. Name and Address of New Registered Agent
PATEL, PRABODH C 615 ORIENTA AVENUE SUITE 6 ALTAMONTE SPRINGS FL 32701	81 Name: Hayderali Khaki 82 Street Address (P.O. Box Number is Not Acceptable): 420 Summit Ridge Place 83: Apt # 200 84 City: Longwood FL 85 Zip Code: 32779

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: Hayderali Khaki, President — 4/30/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	KHAKI, FIDAHUESSEIN H		1.2 NAME	KHAKI, HAYDERALI FIDAHUSSEIN
STREET ADDRESS	%815 ORIENTA AVENUE, SUITE 6		1.3 STREET ADDRESS	420 SUMMIT RIDGE PLACE, # 200
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701		1.4 CITY-ST-ZIP	LONGWOOD, Florida 32779
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	
CITY-ST-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 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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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; 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: Hayderali Khaki — Hayderali Khaki 4/30/98 (407) 865 9626