SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham FILED **ANNUAL REPORT** Socretary of State DIVISION OF CORPORATIONS 1997 97 OCT -6 PH 3: 00 P96000073400 (9) DOCUMENT # SECRETARY OF STATE TALLAHASSEE, FLORIDA SUNSTAR GROUP, INC. Principal Place of Business Mailing Address 6342 FOREST HILL BOULEVARD, SUITE 188 6342 FOREST HILL BOULEVARD, SUITE 188 WEST PALM BEACH FL 33415 WEST PALM BEACH FL 33415 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 09/04/1996 2. Principal Place of Business 2a. Mailing Address Applied For 65-0692111 21 26 Not Applicable Suite, Apl. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 ¥Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zit Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property 1ax due June 30 Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name AMERILAWYER CHARTERED 343 ALMERIA AVENUE 62 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 84 City 85 Zip Code 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent's gnature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PSTD DELETE TITLE Change Addition 1.1 TITLE RASSKAZOV. YEVGENIY NAME 1.2 NAME 6342 FOREST HILL BOULEVARD, SUITE 188 STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL 33415 CITY-ST-ZIP 1.4 CITY - ST - 7IP TITLE DELETE Addition 2.1 THLE Change rasskazova, olga NAME 2.2 NAME 6342 FOREST HILL BOULEVARD, SUITE 188 STREET ADDRESS 2.3 STREET ADDRESS WEST PALM BEACH FL 33415 CITY-ST-ZIP 2 4 CITY- ST-ZIP DELETE Change TITLE ITLE Addition RASSKAZOVA, SVETLANA NAME Μí 6342 FOREST HILL BOULEVARD, SUITE 188 STREET ADDRESS REET ADDRESS WEST PALM BEACH FL 33415 CITY-ST-ZIP IY-ST-ZIP TITLE DELETE Change Addition NAME MF STREET ADDRESS (EET ADDRESS CITY-ST-ZIF Y - S1 - ZIP DELETE TITLE ___ Addition NAME MF STREET ADDRESS REET ADDRESS CHY-ST-ZIP DELE 1E TITLE Change Addition NAME

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 eath; 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.

6.3 STREET ADDRESS

64 CITY - \$1 - Zi2

STREET ADDRESS

CITY-ST-ZIP