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Feb 02 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 # **P97000021269 (0)**

1. Corporation Name
WASHINGTON STAR, INC.

Principal Place of Business	Mailing Address
850 NW LE JEUNE ROAD MIAMI FL 33126	850 NW LE JEUNE ROAD MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/04/1997

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 65-0738829	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 / 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

FMR CORP.
1101 BRICKELL AVENUE
PENTHOUSE SUITE
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: ANTOLIN DEL COLLADO
82 Street Address (P.O. Box Number is Not Acceptable): 10051 SW 13 TERR
83
84 City: MIAMI **FL** 85 Zip Code: 33174

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: [signature] 1/6/98
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE: PRESIDENT 1.2 NAME: JUAN MARTINEZ 1.3 STREET ADDRESS: 850 NW 42 AVE 1.4 CITY-ST-ZIP: MIAMI FL 33126	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE: SECRETARY 2.2 NAME: ANTOLIN DEL COLLADO 2.3 STREET ADDRESS: 850 NW 42 AVE 2.4 CITY-ST-ZIP: MIAMI FL 33126	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE: DIRECTOR 3.2 NAME: SERAFIN GARCIA 3.3 STREET ADDRESS: 850 NW 42 AVE 3.4 CITY-ST-ZIP: MIAMI, FL 33126	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/97)

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: [signature] ANTOLIN DEL COLLADO 1/6/98 305-460-7200