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Jun 03 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 # P97000040460

1. Corporation Name
HOUSE OF STAR, INCORPORATED

Principal Place of Business	Mailing Address
4542 S. SEMORAN BLVD ORLANDO, FL 32822	4542 S. SEMORAN BLVD ORLANDO, FL 32822

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05-05-97

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-3445271 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: CINDY FONG
82 Street Address (P.O. Box Number is Not Acceptable): 4542 S. SEMORAN BLVD
83
84 City: ORLANDO FL 85 Zip Code: 32822

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: CINDY FONG, PRESIDENT (NOTE: If registered Agent is signing, signature required when furnishing) 04-27-98 (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P. D.	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FONG, CINDY		1.2 NAME	
STREET ADDRESS	4542 S. SEMORAN BLVD		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32822		1.4 CITY-ST-ZIP	
TITLE	VPS. D.	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LOPEZ, FAUSTO		2.2 NAME	
STREET ADDRESS	4542 S. SEMORAN BLVD		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32822		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	300002549053
STREET ADDRESS			5.3 STREET ADDRESS	-06/05/98--01070--049
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***150.00
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	

$6.13

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: CINDY FONG SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — CINDY FONG, PRESIDENT — 4-27-98 (Date) — 407-273-8739 (Daytime Phone #)

CR2E034 (10/97)