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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 97000090738 ✓

1. Corporation Name

Alliance Star, Inc.

[redacted]

Principal Place of Business	Mailing Address
3491 PALL MALL DR., SUITE 201-B JACKSONVILLE FL 32257	3491 PALL MALL DR., SUITE 201-B JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/20/97

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 — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-3477425 ☐ 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 the current year intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DR. Alaaeldin Haviz
1109 Plainfield AVE
Orange Park, FL 32073

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: A. Haviz Alaa Eldin Haviz
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 Alaaeldin Haviz PRESIDENT	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition Alaaeldin Haviz 1109 Plainfield AVE Orange PK FL 32073
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE Neal Holland Jacksonville Advisor	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition Neal Holland 3491 Pall Mall DR Suite 201-B Jacksonville FL 32257
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE Gamal Abdel Vice President	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition Gamal Abdel 1109 Plain Field AVE Orange PK FL 32073
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE Lee Numei Project/Process Manager	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition Lee Abdel 1109 Plainfield AVE Orange PK FL 32073
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE ATEF AHMED MID.EAST AGENT	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition ATEF AHMED. 2 Fathalla St From ElMahrady ST CAIRO EGYP
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 (11/98)

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, with all other like empowered.

SIGNATURE: Alaa Eldin Abdel Haviz A. Haviz
SIGNATURE AND TITLE OF OFFICER OR DIRECTOR