FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 19 PM 5:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S20928** **(5)**

1. Corporation Name
FIVE STAR MANAGEMENT, INC.

Principal Place of Business	Mailing Address
5310 NW 33RD AVE. STE 216 FT LAUDERDALE FL 33309	5310 NW 33RD AVE. STE 216 FT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/24/1990
3a. Date of Last Report: 03/30/1994

2. Principal Place of Business	2a. Mailing Address
21 2898 University Drive	26 P.O. Box 8052
Suite, Apt. #, etc. 22 Suite 40	Suite, Apt. #, etc. 27
City & State 23 Coral Spruge FL	City & State 28 Coral Spruge, FL
Zip / Country 24 33065 / 25 U.S.A.	Zip / Country 29 33075 / 30 U.S.A.

4. FEI Number: 65-0232942 ☐ 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 § 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PORRAS, MARA
5310 NW 33RD AVEN.
SUITE 216
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2898 University Drive
83 Suite 40
84 City Coral Spruge FL 85 Zip Code 33065

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when necessary)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	PORRAS, BERTHA MARA	12 NAME	
STREET ADDRESS	5310 NW 33RD AVE., SUITE 216	13 STREET ADDRESS	2898 University Drive, Suite 40
CITY ST ZIP	FT LAUDERDALE FL	14 CITY ST ZIP	Coral Spruge, FL 33065
TITLE	VD	21 TITLE	Vice President ☒ Change ☐ Addition
NAME	COTILLA, MARISELA J.	22 NAME	PORRAS, Bertha Mara.
STREET ADDRESS	5310 NW 33RD AVE., SUITE 216	23 STREET ADDRESS	2898 University Drive, Suite 40
CITY ST ZIP	FT LAUDERDALE FL	24 CITY ST ZIP	Coral Spruge, FL 33065
TITLE	SD	31 TITLE	Secretary ☒ Change ☐ Addition
NAME	COTILLA, ADOLFO J., JR.	32 NAME	PORRAS, Bertha Mara
STREET ADDRESS	5310 NW 33RD AVE., SUITE 216	33 STREET ADDRESS	2898 University Drive, Suite 40
CITY ST ZIP	FT LAUDERDALE FL	34 CITY ST ZIP	Coral Spruge, FL 33065
TITLE	TD	41 TITLE	Treasurer ☒ Change ☐ Addition
NAME	PORRAS, ELIAS	42 NAME	PORRAS, Bertha Mara.
STREET ADDRESS	5310 NW 33RD AVE., SUITE 216	43 STREET ADDRESS	2898 University Drive, Suite 40
CITY ST ZIP	FT LAUDERDALE FL	44 CITY ST ZIP	Coral Spruge, FL 33065
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added by attachment with an address.

SIGNATURE: Bertha Mara Porras BERTHA MARA PORRAS 4/12/95 (305) 340-3892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010201 CP