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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **S73072** **(8)**

1. Corporation Name

FIVE STAR NETWORK, INC.

Principal Place of Business	Mailing Address
5310 N.W. 33RD AVENUE SUITE 216 FT. LAUDERDALE FL 33309	5310 N.W. 33RD AVENUE SUITE 216 FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/12/1991
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business
21: 2898 University Dr.
22 Suite, Apt. #, etc.: Suite 40
23 City & State: Coral Springs, FL.
24 Zip: 33065 25 Country: U.S.A.

2a. Mailing Address
26: P.O. Box 8052
27 Suite, Apt. #, etc.:
28 City & State: Coral Springs, FL.
29 Zip: 33075 30 Country: U.S.A.

4. FEI Number: 65-0281118 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: PORRAS, Mara.
82 Street Address (P.O. Box Number Is Not Acceptable): 2898 University Drive.
83: Suite 40.
84 City: Coral Springs 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: Mara Porras, MARA PORRAS — 4/12/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	1.1 TITLE		☒ Change ☐ Addition
NAME	PORRAS, ELIAS	1.2 NAME		
STREET ADDRESS	5310 N.W. 33RD AVE #216	1.3 STREET ADDRESS	2898 University Drive, Suite 40	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE	D	2.1 TITLE		☒ Change ☐ Addition
NAME	PORRAS, ELIAS	2.2 NAME		
STREET ADDRESS	5310 N.W. 33RD AVE #216	2.3 STREET ADDRESS	2898 University Drive, Suite 40	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE	VPD	3.1 TITLE	VPD	☒ Change ☐ Addition
NAME	COTILLA, ADOLFO J.	3.2 NAME	PORRAS, ELIAS	
STREET ADDRESS	5310 N.W. 33RD AVE #216	3.3 STREET ADDRESS	2898 University Drive, Suite 40	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(k), 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] 4/12/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0818231 CP