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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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
2898 UNIVERSITY. DR. SUITE 40 CORAL SPRING FL 33065 US	P.O. BOX 8502 CORAL SPRINGS FL 33075-8502 US

2. Principal Place of Business	2a. Mailing Address
21 1999 University Dr.	26
Suite, Apt. #, etc. 22 Suite 400	Suite, Apt. #, etc. 27
City & State 23 Coral Sprngs, Fl.	City & State 28
Zip / Country 24 33071 / 25 US	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 08/12/1991
3a. Date of Last Report: 04/16/1996
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PORRAS, MARA 2898 UNIVERSITY DRIVE SUITE 40 CORAL SPRING FL 33065	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1999 University Drive 83 Suite 400 84 City Coral Sprngs FL 85 Zip Code 33071

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 reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	PORRAS, ELIAS		1.2 NAME	
STREET ADDRESS	2898 UNIVERSITY DRIVE, STE. 40		1.3 STREET ADDRESS	1999 University Drive, Suite 400
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY-ST-ZIP	Coral Sprngs, Fl 33071
TITLE	D	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	PORRAS, ELIAS		2.2 NAME	
STREET ADDRESS	2898 UNIVERSITY DRIVE, SUITE 40		2.3 STREET ADDRESS	1999 University Drive, Suite 400
CITY-ST-ZIP	CORAL SPRINGS FL		2.4 CITY-ST-ZIP	Coral Sprngs, Fl 33071
TITLE	VPD	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	PORRAS, ELIAS		3.2 NAME	
STREET ADDRESS	2898 UNIVERSITY DRIVE, SUITE 40		3.3 STREET ADDRESS	1999 University Drive, Suite 400
CITY-ST-ZIP	CORAL SPRINGS FL		3.4 CITY-ST-ZIP	Coral Sprngs, Fl 33071
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	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
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	

CR2E034 (9/96)

14. I do 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: Elias Porras 4/9/97 954-