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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
2898 UNIVERSITY, DR.
SUITE 40
CORAL SPRING FL 33065
US

Mailing Address
P.O. BOX 8502
CORAL SPRINGS FL 33075-8502
US

3. Date Incorporated or Qualified: 08/12/1991
3a. Date of Last Report: 04/16/1996

2. Principal Place of Business
21 1999 University Dr.
Suite, Apt. #, etc.
22 Suite 400
City & State
23 Coral Springs, Fl.
Zip 24 33071 Country 25 US

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

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
PORRAS, MARA
2898 UNIVERSITY DRIVE
SUITE 40
CORAL SPRING FL 33065

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1999 University Drive
83 Suite 400
84 City Coral Springs 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PST	☐ DELETE
NAME	PORRAS, ELIAS	
STREET ADDRESS	2898 UNIVERSITY DRIVE, STE. 40	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	D	☐ DELETE
NAME	PORRAS, ELIAS	
STREET ADDRESS	2898 UNIVERSITY DRIVE, SUITE 40	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VPD	☐ DELETE
NAME	PORRAS, ELIAS	
STREET ADDRESS	2898 UNIVERSITY DRIVE, SUITE 40	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	1999 University Drive, Suite 400	
1.4 CITY-ST-ZIP	Coral Springs, Fl 33071	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	1999 University Drive, Suite 400	
2.4 CITY-ST-ZIP	Coral Springs, Fl 33071	
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	1999 University Drive, Suite 400	
3.4 CITY-ST-ZIP	Coral Springs, Fl 33071	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 P. Elias Porras 4/8/97 954-752-6085