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 MAY -1 PM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S91618 (6)

1. Corporation Name
ALL STAR VENDING SERVICE INC.

Principal Place of Business: 5970 WOODLAND POINT DR. TAMARAC FL 33319
Mailing Address: 5970 WOODLAND POINT DR. TAMARAC FL 33319

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/01/1991
3a. Date of Last Report: 08/05/1994

2. Principal Place of Business
21 1801 Mears Pkwy
Suite, Apt. #, etc.
22
City & State
23 Margate FL
Zip 24 33063 Country 25 Broward

2a. Mailing Address
26 1801 Mears Pkwy
Suite, Apt. #, etc.
27
City & State
28 Margate FL
Zip 29 33063 Country 30 Broward

4. FEI Number: 65-0292889 — 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
RAMOS, LUIS
5970 WOODLAND POINT DR.
TAMARAC FL 33319

10. Name and Address of New Registered Agent
81 Name: Luis Ramos
82 Street Address (P.O. Box Number is Not Acceptable): 1801 Mears Pkwy
83
84 City: Margate FL 85 Zip Code: 33063

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P ☑ Change ☐ Addition
NAME	RAMOS, LUIS A.	12 NAME	Ramos Luis
STREET ADDRESS	5970 WOODLAND POINT DR.	13 STREET ADDRESS	1801 Mears Pkwy
CITY-ST-ZIP	TAMARAC FL	14 CITY-ST-ZIP	Margate FL 33063
TITLE	V	21 TITLE	V ☑ Change ☐ Addition
NAME	RAMOS, ANNA	22 NAME	Anna Maria Ramos
STREET ADDRESS	5970 WOODLAND POINT DR.	23 STREET ADDRESS	1801 Mears Pkwy
CITY-ST-ZIP	TAMARAC FL	24 CITY-ST-ZIP	Margate FL 33063
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/95 Date — 305-975-9115 Daytime Phone #

0227072 CP