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To: Division of Corporations
Fax Number : (850)205-0380

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BASIC AMENDMENT

5 STAR INVESTMENT, INC.

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Florida Department of State, Jim Smith, Secretary of State
 AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

STATE OF Florida
 COUNTY OF Miami-Dade

I, Shirlynn Cabaleiro after being duly sworn, state that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true and correct:

I, Shirlynn Cabaleiro hereby resign as Vice-President of
 (Title)
5 STAR INVESTMENT, INC., a Florida corporation;
 (Name of Corporation)

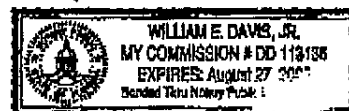
That the corporation has been notified in writing of the resignation.


 Signature of resigning officer/director

Sworn to and subscribed before me this 15th day of April, 2003.


 NOTARY PUBLIC

My Commission Expires: _____



DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
 CR2E044 (7-80)