

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUN 19 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000072874 (8)

1. Corporation Name

GOLDEN STAR LAND, INC.

**300001518459
-06/20/95--01127--012
****200.00 ****200.00**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
2 S. Biscayne Blvd. 2 S. Biscayne Blvd.
One Biscayne Twr. #3400 One Biscayne Twr. #3400
Miami, FL 33131 Miami, FL 33131

3. Date Incorporated or Qualified 3a. Date of Last Report
10/04/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0529567		Not Applicable	
Suite, Apt #, etc		Suite, Apt #, etc		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>			
Zip		Country		7. This corporation has liability for intangible tax under S. 199.037 Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24		29		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Valdes-Pauli Corporate Services, Inc. 2 S. Biscayne Blvd. One Biscayne Tower, #3400 Miami, Florida 33131				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3 300001518459 -06/20/95--01127--012 ****25.FL ****200.00			
				B4 City			

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 resigning.)

*12. OFFICERS AND DIRECTORS		*13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D/P/S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTA, FELIPE	1.2 NAME	COSTA, FELIPE
STREET ADDRESS	2 S. Biscayne Blvd., #3400	1.3 STREET ADDRESS	2 S. Biscayne Blvd., #3400
CITY ST ZIP	Miami, FL 33131	1.4 CITY ST ZIP	Miami, FL 33131
TITLE		2.1 TITLE	V/AS <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	VON B. DE COSTA, MARIA
STREET ADDRESS		2.3 STREET ADDRESS	2 S. Biscayne Blvd., #3400
CITY ST ZIP		2.4 CITY ST ZIP	Miami, FL 33131
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Felipe Costa* *5/8/95* *FW*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Division Page 1