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FILED
Apr 02, 1999 8:00 am
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04-02-1999 90032 006 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000072874

1. Corporation Name
GOLDEN STAR LAND, INC.

Principal Place of Business
TWO S BISCAYNE BLVD
ONE BISCAYNE TOWER SUITE 3400
MIAMI FL 33131-1897

Mailing Address
TWO S BISCAYNE BLVD
ONE BISCAYNE TOWER SUITE 3400
MIAMI FL 33131-1897

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/04/1994
4. FEI Number
65-0529567
5. Certificate of Status Desired
6. Election Campaign Financing
Trust Fund Contribution
8. This corporation owes the current year Intangible Personal Property Tax.

2. Principal Place of Business
2a. Mailing Address
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9. Name and Address of Current Registered Agent
VALDES-FAULI CORPORATE SERVICES INC
TWO S BISCAYNE BLVD
ONE BISCAYNE TOWER SUITE 3400
MIAMI FL 33131-1897

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
COSTA, FELIPE
2 S BISCAYNE BLVD 1 BISCAYNE TOWER #3400
MIAMI FL 33131
[] DELETE
DVPS
VON B. DE COSTA, MARIA
2 S. BISCAYNE BLVD., #3400
MIAMI FL 33131
[] DELETE
[] DELETE
[] DELETE
[] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 in changed or in an attachment with an address, with all other like empowered.

SIGNATURE: *Felipe Costa* March 22, 1999 305-376-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0190030
CR2F034 (11/98)