


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000096776 (5)**
1. Corporation Name
STAR GOLD INTERNATIONAL CORPORATION



Principal Place of Business 13602 SOUTHWEST 83RD AVENUE MIAMI FL 33158	Mailing Address 13602 SOUTHWEST 83RD AVENUE MIAMI FL 33158
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/21/1996	
4. FEI Number APPLIED FOR 65-076198		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**KASSANDRAS, VALERIA
13602 SOUTHWEST 83RD AVENUE
MIAMI FL 33158**

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
			FL	

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 **VALERIA KASSANDRAS** DATE **2/19/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSSI, FABIO ANTONIO	1.2 NAME	
STREET ADDRESS	RUA VITAL JOSE CARRIJO N 710	1.3 STREET ADDRESS	
CITY-ST-ZIP	UBERLADIA, BARZIL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSSI, FABIO ANTONIO	2.2 NAME	
STREET ADDRESS	RUA VITAL JOSE CARRIJO N 710	2.3 STREET ADDRESS	
CITY-ST-ZIP	UBERLADIA, BARZIL	2.4 CITY-ST-ZIP	
TITLE	VO <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE DEUS VIEIRA POZZI, ATAIDES	3.2 NAME	
STREET ADDRESS	RUA VITAL JOSE CARRIJO N 710	3.3 STREET ADDRESS	
CITY-ST-ZIP	UBERLADIA, BARZIL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTER JONES RODRIGUES FERREIRA	4.2 NAME	
STREET ADDRESS	RUA SANTA HELENA N 76, APT 301	4.3 STREET ADDRESS	
CITY-ST-ZIP	UBERLADIA, BARZIL	4.4 CITY-ST-ZIP	
TITLE	TO <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALARICO ASSUMPCAO JUNIOR	5.2 NAME	
STREET ADDRESS	PRACA NOSSA SENHORA APARECIDA N 27-APT 301	5.3 STREET ADDRESS	
CITY-ST-ZIP	UBERLADIA, BARZIL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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, on an attachment with an address.

SIGNATURE: **FABIO ANTONIO POSSI** DATE **2/10/98** (205) 273-4780

CR2E034 (10/97)