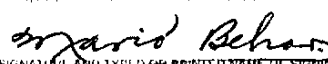


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000071502 1. Corporation Name GOLDEN STAR MANAGEMENT, INC.			
Principal Place of Business 2663 SW 181 Terrace Miramar FL 33029		Mailing Address	
2. Principal Place of Business 21 Same as above Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country USA		2a. Mailing Address 26 Same as above Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent Jack Sacks, Esq. 2102 Corporate Blvd, NW, #101 BOCA RATON, FL 33431		10. Name and Address of New Registered Agent 81 Name Esther Behar 82 Street Address (P.O. Box Number is Not Acceptable) 2663 SW 181 Terrace 83 Miramar 84 City FL 85 Zip Code 33029	
11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 consent to the provisions of Section 607.0505, Florida Statutes. SIGNATURE  Esther Behar DATE 4/6/98			
12. OFFICERS AND DIRECTORS 1.1 TITLE NAME D Mario Behar STREET ADDRESS 7300 Wayne Ave #402 CITY-STATE-ZIP Miami Beach, FL 1.2 NAME STREET ADDRESS CITY-STATE-ZIP 1.3 NAME STREET ADDRESS CITY-STATE-ZIP 1.4 NAME STREET ADDRESS CITY-STATE-ZIP 1.5 NAME STREET ADDRESS CITY-STATE-ZIP 1.6 NAME STREET ADDRESS CITY-STATE-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2.1 TITLE NAME STREET ADDRESS CITY-STATE-ZIP 2.2 NAME STREET ADDRESS CITY-STATE-ZIP 2.3 NAME STREET ADDRESS CITY-STATE-ZIP 2.4 NAME STREET ADDRESS CITY-STATE-ZIP 2.5 NAME STREET ADDRESS CITY-STATE-ZIP 2.6 NAME STREET ADDRESS CITY-STATE-ZIP 2.7 NAME STREET ADDRESS CITY-STATE-ZIP 2.8 NAME STREET ADDRESS CITY-STATE-ZIP 2.9 NAME STREET ADDRESS CITY-STATE-ZIP 2.10 NAME STREET ADDRESS CITY-STATE-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 registered or limited partner 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:  Mario Behar DATE 4-8-98 305-866-8845			

CR2E034 (10/97)