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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **599054** (4)  
1. Corporation Name  
**SILCO BRUSH MANUFACTURING CO., INC.**

Principal Place of Business Mailing Address  
**300 W 18TH STREET MIAMI FL 33010-2421** **1036 S.W. 1 ST. MIAMI FL 33130 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1036 S.W. 1 ST.</b>		2a. Mailing Address 26		3. Date Incorporated or Qualified <b>01/02/1979</b>	3a. Date of Last Report <b>05/01/1994</b>
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number <b>59-1866522</b>	Applied For Not Applicable
23 City & State <b>MIAMI FLA.</b>		28 City & State		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24 Zip <b>33130</b>	25 Country <b>US.</b>	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24-25				8. This corporation has liability for interstate tax under S. 193.022, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>FLORIDA ANNUAL REPORT SERVICE/CANTERA &amp; ASSOCIATES INC. 1036 S.W. 1 ST. MIAMI FL 33130</b>				10. Name and Address of New Registered Agent B1 Name <b>FLORIDA ANNUAL REPORT SERVICES INC.</b> B2 Street Address (P.O. Box Number is Not Acceptable) <b>1036 S.W. 1 ST.</b> B3 B4 City <b>MIAMI</b> B5 Zip Code <b>FL 33130</b>			
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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 *[Signature]* **AMADA C. LOPEZ, PRES** DATE **4/27/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>SD</b>	NAME <b>BEHMOIRAS, JAME</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>7501 CENTER BAY DR.</b>	CITY ST ZIP <b>N. BAY VILLAGE FL</b>	12 NAME	
TITLE <b>PD</b>	NAME <b>BEHMOIRAS, MOISES</b>	13 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>5880 COLLINS AVE. #21-C</b>	CITY ST ZIP <b>MIAMI BEACH FL</b>	14 CITY - ST ZIP	
TITLE	NAME	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	22 NAME	
CITY - ST - ZIP	CITY - ST - ZIP	23 STREET ADDRESS	<b>000001474250</b>
TITLE	NAME	24 CITY - ST - ZIP	<b>-05/03/95--01161--023</b>
STREET ADDRESS	STREET ADDRESS	31 TITLE	<b>*****200.00 *****200.00</b>
CITY - ST - ZIP	CITY - ST - ZIP	32 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	33 STREET ADDRESS	
STREET ADDRESS	STREET ADDRESS	34 CITY - ST - ZIP	
CITY - ST - ZIP	CITY - ST - ZIP	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	42 NAME	
STREET ADDRESS	STREET ADDRESS	43 STREET ADDRESS	
CITY - ST - ZIP	CITY - ST - ZIP	44 CITY - ST - ZIP	
TITLE	NAME	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	52 NAME	
CITY - ST - ZIP	CITY - ST - ZIP	53 STREET ADDRESS	
TITLE	NAME	54 CITY - ST - ZIP	
STREET ADDRESS	STREET ADDRESS	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	CITY - ST - ZIP	62 NAME	
		63 STREET ADDRESS	
		64 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)(b), 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 of this report, or on an attachment with an address.

SIGNATURE: *[Signature]* **MOISES BEHMOIRAS** PRES DATE **4/27/95** 305) 245 8686