

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

**APPROVED  
AND  
FILED**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

96 MAY -1 PM 12:08

**DOCUMENT # 599054 (4)**

1. Corporation Name

**SILCO BRUSH MANUFACTURING CO., INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business: 1036 S.W. 1 ST. MIAMI FL 33130  
Mailing Address: 1036 S.W. 1 ST. MIAMI FL 33130

2. Principal Place of Business: 21 2300 CORAL WAY, 22 Suite, Apt. #, etc.: 22, 23 MIAMI FLORIDA, 24 Zip 33145, 25 Country US.  
2a. Mailing Address: 26 2300 CORAL WAY, 27 Suite, Apt. #, etc.: 27, 28 MIAMI FLORIDA, 29 Zip 33145, 30 Country US.

3. Date of Incorporation or Qualification: 01/02/1979  
3a. Date of Last Report: 05/01/1995  
4. FE Number: 59-1866522  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 193.032 Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: FLORIDA ANNUAL REPORT SERVICES INC, 1036 S.W. 1 ST. MIAMI FL 33130

10. Name and Address of New Registered Agent: 81 Name: FLORIDA ANNUAL REPORT SERVICES, INC., 82 Street Address (P.O. Box Number is Not Acceptable): 2300 CORAL WAY SUITE # 200, 83, 84 City MIAMI, FL, 85 Zip Code 33145

11. Pursuant to the provisions of Sections 607.0102 and 607.1508, Florida Statutes, the above named corporation's board of directors, for the purpose of changing its registered office or registered agent, or both, in the State of Florida, said changes authorized by the corporation's board of directors, hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* AMADA CANTERA LOPEZ, PRES

DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	BEHMOIRAS, JAIME	
STREET ADDRESS	7501 CENTER BAY DR.	
CITY-STATE-ZIP	N. BAY VILLAGE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BEHMOIRAS, MOISES	
STREET ADDRESS	5680 COLLINS AVE., #21-C	
CITY-STATE-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

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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 119.07, Florida Statutes. I further certify that the information indicated in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to file this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attached sheet with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: MOISES BEHMOIRAS

*[Signature]* 4/30/96

CR2E034 (12/95)