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SECRETARY OF STATE TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # 599054 (4)

1. Corporation Name SILCO BRUSH MANUFACTURING CO., INC.



Principal Place of Business 2300 CORAL WAY MIAMI FL 33145 Mailing Address 2300 CORAL WAY MIAMI FL 33145-3511

3. Date Incorporated or Qualified 01/02/1979 3a. Date of Last Report 05/01/1996

2. Principal Place of Business 21 2300 CORAL WAY 2a. Mailing Address 26 2300 CORAL WAY

4. FEI Number 59-1866522 Applied For Not Applicable

Suite, Apt. #, etc # 200 Suite, Apt. #, etc # 200

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State MIAMI FLORIDA 27 # 200 MIAMI FLORIDA

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip Country 24 33145 US 25 33145 US 29 33145 US 30 US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA ANNUAL REPORT SERVICES INC 2300 CORAL WAY #200 MIAMI FL 33145

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE AMADA CANTERA LOPEZ, PRES 4/23/97 DATE

12. OFFICERS AND DIRECTORS

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

Change Addition 500002163025-1 -05/02/97-01049-008 ****165.00 ****165.00 Change Addition Change Addition Change Addition Change Addition

14. I do 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, or on an attachment with an address.

SIGNATURE: MOISES BEHMOIRAS, PRES 4/23/97 DATE

CR2E034 (9/96)