

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

**APPROVED  
AND  
FILED**

**99 APR - 9 AM 10: 35**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

- 3. Date incorporated or Organized: **01/02/1979**
- 4. FEI Number: **59-1866522** Applied For:  Not Applicable
- 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 owes the current year Intangible Personal Property Tax:  Yes  No
- 10. Name and Address of New Registered Agent

**PROFIT CORPORATION ANNUAL REPORT 1999**

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS



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

Principal Place of Business: **2300 CORAL WAY #200 MIAMI FL 33145**  
Mailing Address: **2300 CORAL WAY #200 MIAMI FL 33145**

2. Principal Place of Business: **21 2300 Coral Way Suite # 200 City & State: Miami Florida Zip: 33145 Country: [25]**  
2a. Mailing Address: **26 2300 Coral Way Suite # 200 City & State: Miami Florida Zip: 33145 Country: [30]**

9. Name and Address of Current Registered Agent  
**FLORIDA ANNUAL REPORT SERVICES INC  
2300 CORAL WAY #200 MIAMI FL 33145**

81 Name: \_\_\_\_\_  
82 Street Address (P.O. Box): **400002836884-9**  
83 City: \_\_\_\_\_  
84 City: \_\_\_\_\_  
85 Zip Code: **FL 33145**

11. Pursuant to the provisions of Sections 607.0502 and 607.1518, 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 CANTERA LOPEZ, President 3/27/99**

12. OFFICERS AND DIRECTORS

TITLE	SD	[ ] DELETE
NAME	BEHMOIRAS, JAIME	
STREET ADDRESS	7501 CENTER BAY DR.	
CITY-ST-ZIP	N. BAY VILLAGE FL	
TITLE	PD	[ ] DELETE
NAME	BEHMOIRAS, MOISES	
STREET ADDRESS	5660 COLLINS AVE., #21-C	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[ ] Change [ ] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	[ ] Change [ ] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[ ] Change [ ] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[ ] Change [ ] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[ ] Change [ ] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[ ] Change [ ] Addition
62 NAME	
63 STREET ADDRESS	
64 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)(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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: [Signature]**

**3/27/99**

0217636  
CR2E034 (11/99)