

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 631516 (2)

1. Corporation Name

SILVESTRI CORPORATION



Principal Place of Business

4700 NE 2ND AVENUE
MIAMI FL 33137

Mailing Address

4700 NE 2ND AVENUE
MIAMI FL 33137

3. Date Incorporated or Qualified
08/01/1979

3a. Date of Last Report
03/07/1995

4. FEI Number

59-1973693

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SILVESTRI, CARMELA
4700 NE 2ND AVENUE
MIAMI FL 33137

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the applicant

Signature typed or printed name of registered agent and the applicant

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE

NAME SILVESTRI, MARIO
STREET ADDRESS 4700 NE 2ND AVENUE
CITY-ST-ZIP MIAMI FL

TITLE ST ☐ DELETE

NAME SILVESTRI, CARMELA
STREET ADDRESS 4700 NE 2ND AVENUE
CITY-ST-ZIP MIAMI FL

TITLE GIOVANNI SILVESTRI ☐ DELETE

NAME 4700 NE 2 AVE
STREET ADDRESS MIAMI FL
CITY-ST-ZIP PRESIDENT

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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 119.07(3)(k), 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:

SILVESTRI, CARMELA SILVESTRI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

305-7591555

Date

Daytime Phone #

CR2E034 (12/95)