FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:40

DOCUMENT # 647692 (3)

1. Corporate Name
SILVER MANAGEMENT CO.

Principal Place of Business
3574 NW 46TH ST
MIAMI FL 33142

Mailing Address
3574 NW 46TH ST
MIAMI FL 33142

(FOR OFFICE USE ONLY)

3. Date Incorporated or Qualified: 12/10/1979
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite Apt. # — 22 / 27
City & State — 23 / 28
24 / 25 / 29 / 30

4. FEI Number: 59-1978673 — 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. Does corporate net income/loss be included on consolidated Florida Statutes: [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
AGUIAR, JULIO
3521 NW 20TH ST.
MIAMI.FL 33142

10. Name and Address of New Registered Agent
81 Name: Felix Otero
82 Street Address (P.O. Box Number is Not Acceptable): 3521 NW 20 St
83
84 City: Miami FL 85 Zip Code: 33142

11. Having duly been appointed as registered agent and at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to proper and complete performance of my duties.

SIGNATURE OF REGISTERED AGENT OR OFFICER OF CORPORATION

12. OFFICERS AND DIRECTORS

TYPE	VSD
NAME	OTERO, FELIX
STREET ADDRESS	3521 NW 20TH ST.
CITY, ST, ZIP	MIAMI FL
TYPE	PTD
NAME	OTERO, FELIX R.
STREET ADDRESS	15041 SW 169TH LANE
CITY, ST, ZIP	MIAMI FL

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS

TYPE	[✓] Change [ ] Addition
NAME	OTERO, FELIX
STREET ADDRESS	3521 NW 20 St
CITY, ST, ZIP	Miami FL 33142
TYPE	[✓] Change [ ] Addition
NAME	Aguiar, Julio
STREET ADDRESS	15041 SW 169 Lane
CITY, ST, ZIP	Miami FL
TYPE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

REMITTED BY MAY 1

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall constitute my signature to, and be considered as my signature on, all documents filed with the Department of State for the purpose of meeting requirements of Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 hereof with my title.

SIGNATURE: Felix Otero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/95 — Date

305-6246094 — Daytime Phone

0151004 CP