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Block 12 or Block 13 if changed, or on an attachment with an address

PROFIT Apr 13 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #**1. Corporation Name 647692 (3) SILVER MANAGEMENT CO. Principal Place of Business Mailing Address **4574-NW 46TH ST** 3574 HW 467H 67 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/10/1979 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-1978673 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. X Yes □ No 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name AGUIAR, JULIO 3521 NW 20TH ST. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33142** 83 84 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 priored name of registered agent and title if applicable (NCITE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition OTERO, FELIX NAME E034 1.2 NAME 3574 N.W. 48 ST 3521 NW 20 St STREET ADDRESS 1.3 STREET ADDRESS MIAMI Ft CITY-ST-ZIP 1.4 CITY - ST- 7(P DELETE THLE 2.1 THILE Change Addition AGUIAR, JULIO NAME 22 NAME -3521 NW 20 St 3574 N.W. 46 ST STREET ADDRESS 2.3 STREET ADDRESS 1, Ami Fr. 33142 MIAMIFL-COLY-ST-ZIP 2.4 CITY - ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIF 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - S1 - ZIP DELETE TITLE 5.1 TO UE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-7IP ☐ DELETE TITLE 61 THLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby 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 of director of the corporation or the recuiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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