

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

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**Apr 02, 1999 8:00 am**  
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04-02-1999 90075 027 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **F94278**

1. Corporation Name  
**SILVER INSURANCE AGENCY INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 3785 N.W. 82 AVENUE  
 SUITE #201  
 MIAMI FL 33166

Mailing Address  
 3785 N.W. 82 AVENUE  
 SUITE #201  
 MIAMI FL 33166

3. Date Incorporated or Qualified  
**08/11/1982**

4. FEI Number  
**59-2217283**

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

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 25 29 30

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country

9. Name and Address of Current Registered Agent  
~~MARQUEZ, JOSE M~~  
~~780 NW LEJEUNE RD. #400~~  
~~MIAMI FL 33126~~

10. Name and Address of New Registered Agent  
 81 Name **JOSE M. MARQUEZ, P.A.**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**782 NW LeJeune Road**  
 83 Suite 548  
 84 City **Miami** **FL** 85 Zip Code **33126**

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 *Jose M. Marquez* **Jose M. Marquez, Esq.** **March 10, 1999**  
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALDES, DANIEL R	1.2 NAME	
STREET ADDRESS	9755 SW 62 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRAN, MANUEL A	2.2 NAME	
STREET ADDRESS	8460 SW 5 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUERRA, ARMANDO J	3.2 NAME	
STREET ADDRESS	9475 JOURNEYS END RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33156	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, MIGUEL R (AST)	4.2 NAME	
STREET ADDRESS	8360 NW 188 ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRAN, JOSE A (ASSTN.)	5.2 NAME	
STREET ADDRESS	8455 GRAND CANAL DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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, with all other like empowered.

SIGNATURE: *Daniel R. Valdes* **DANIEL R. VALDES** **2/2/99** **591-8909**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)