FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G33383 (2)

1. Corporation Name
SILINA, INC.

Principal Place of Business
FPUR SANGRASS VILLAGE
110
PONTE VEDRA FL 32082
US

Mailing Address
P.O. BOX 1936
PONTE VEDRA FL 32004

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/12/1983
3a. Date of Last Report: 05/09/1994

2. Principal Place of Business
21 FOUR SAWGRASS VILLAGE
Suite, Apt. #, etc.
22 110
City & State
23 PONTE VEDRA BEACH
Zip 24 32082 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28 PONTE VEDRA BEACH
Zip 29 32004 Country 30

4. FEI Number: 59-2395382 — 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

9. Name and Address of Current Registered Agent
BOETTCHER, JUERGEN
FOUR SANGRASS VILLAGE
STE 110
PONTE VEDRA BCH FL 32082

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): FOUR SAWGRASS VILLAGE
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	1.1 TITLE		☒ Change ☐ Addition
NAME	BOETTCHER, JUERGEN	1.2 NAME		
STREET ADDRESS	FOUR SANGRASS VILLAGE #110	1.3 STREET ADDRESS	FOUR SAWGRASS VILLAGE, #110	
CITY - ST - ZIP	PONTE VEDRA BCH FL	1.4 CITY - ST - ZIP	PONTE VEDRA BEACH, FL. 32082	
TITLE	DS	2.1 TITLE		☒ Change ☐ Addition
NAME	BOETTCHER, INGRID	2.2 NAME		
STREET ADDRESS	FOUR SANGRASS VILLAGE, #110	2.3 STREET ADDRESS	FOUR SAWGRASS VILLAGE, #110	
CITY - ST - ZIP	PONTE VEDRA BCH FL	2.4 CITY - ST - ZIP	PONTE VEDRA BEACH, FL. 32082	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY - ST - ZIP		3.4 CITY - ST - ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY - ST - ZIP		4.4 CITY - ST - ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY - ST - ZIP		5.4 CITY - ST - ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY - ST - ZIP		6.4 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: Matthew BOETTCHER PRES. 04/20/95 (904) 273-0708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000604 CP