FILE NOW: FILING FEE IS $61.25

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Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N17372 (6)

1. Corporation Name
SILVERTONE SINGING CONVENTION, INCORPORATED

Principal Place of Business
~~11336 NW 22ND AVENUE~~ 2260 NW 117TH ST
P.O. BOX 680580
MIAMI FL 33168
US

Mailing Address
~~11336 NW 22ND AVENUE~~ 2260 NW 117TH Street
P.O. BOX 680580
MIAMI FL 33168-0580
US

3. Date Incorporated or Qualified: 10/17/1986
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 2260 NW 117TH Street
Suite, Apt. #, etc.
22: P.O. BOX 680580
City & State
23: MIAMI FLORIDA
Zip 24: 33168 Country 25: DADE

2a. Mailing Address
26: 2260 NW 117TH Street
Suite, Apt. #, etc.
27: P.O. BOX 680580
City & State
28: MIAMI FLA.
Zip 29: 33168 Country 30: DADE

4. FEI Number: 65-0030213 ☐ 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

WILSON, MAMIE
11336 NW 22ND AVENUE
MIAMI FL 33167

10. Name and Address of New Registered Agent

81 Name: MAMIE WILSON
82 Street Address (P.O. Box Number is Not Acceptable): 2260 NW 117TH Street
83
84 City: MIAMI FL 85 Zip Code: 33167

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Mamie Wilson MAMIE Wilson President 3/31/97
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	☑ DELETE	1.1 TITLE	President. Director	☑ Change ☐ Addition
NAME	WILSON, MAMIE		1.2 NAME	MAMIE Wilson	
STREET ADDRESS	~~11336 NW 22ND AVENUE~~ change Address only		1.3 STREET ADDRESS	2260 NW 117TH Street	
CITY-ST-ZIP	~~MIAMI FL~~		1.4 CITY-ST-ZIP	MIAMI FLA. 33167	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, JOHN		2.2 NAME		
STREET ADDRESS	11402 NW 22ND AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WORTHAM, WALTER		3.2 NAME		
STREET ADDRESS	9050 NW 20TH AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mamie Wilson MAMIE Wilson President 3/31/97 (305) 693-1593