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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000080359 (8)

SILVERLINE TECHNOLOGIES, INC.

## FILED Feb 18 1998 8:00am Secretary of State



D-in-sin-st Din-	a of Division	Mailing Address			<u> </u>		ALLIA HAIL LEAL
Principal Place		Mailing Address					
5921 SW 46T Miami FL 331		5921 SW 46TH TER. MIAMI FL 33155					
					DO NOT WRITE	IN THIS SPACE	
					3. Date Incorporated or Qualified 09/27/1996		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	7/	Applied For
21 6421	SW 43 St.	26 6421 SU	u 43	Sti	65-0699265	1	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		City P. Chaha			<del> </del>	<del></del>	Required
City & State 23 MiQ1		City & State	FI		6. Election Campaign Financing Trust Fund Contribution	_ `	O May Be d to Fees
23 MIQ1 Zip	Country	28	Country		This corporation owes or has pail		
	55 25	- 一 ふつしなた。 ト	30		Personal Property Tax due June	pro-	□ No
	9. Name and Address of Current				10. Name and Address of New Rec		
SIL	VERIO, ABNER		81	Name			
FOOA OW ACTU TED				82 Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33155				Chot Madicas (176. Box Manison to Matrice Plans)			
			83				
i			84	City		FL 85 Zip	o Code
Tidd Diversion	to the arm injury of Continue CO7 DECC	2 and CO7 1509 Florida Štatuta	the above r	amad sorr	paration submits this statement for the p	1	ite registered
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 printed name of registered agen			iuper erutangia	red when reinstating)	DATE	250 11 40
12.	OFFICERS AND	D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICE	Change	
TITLE	• •	☐ OCCETE	1.1 TITLE	Q.	P,S Iverio, Abner	Change	L HOUMON
NAME	SILVERIO, ABNER		1.2 NAME	اح ادا	121 5W 43 St.		
STREET ADDRESS	<b>5921 SW 46TH TER. MIAMI FL 33155</b>		1.3 STREET AD	DRESS OF	iami, Fl. 33155		
CITY-ST-ZIP TITLE	VI	☐ DELETE	1.4 CITY-ST-1 2.1 TITLE	ZIP (V)	IGRITITE 55195	Change	Addition
NAME	SILVERIO, ABNER		2.2 NAME			<b></b>	
STREET ADDRESS	5921 SW 46TH TER.		2.3 STREET AD	UNBERR			
CITY-ST-ZIP	MIAMI FL 33155		2.4 City-St-			÷ .	
TITLE	S	DELETE	3.1 TITLE	211		Change	Addition
NAME	SILVERIO, ABNER	_	3.2 NAME				
STREET ADDRESS	5921 SW 46TH TER.		3.3 STREET AD	DDRESS			
CITY-ST-ZIP	MIAMI FL 33155		3.4. CITY-ST-	ZIP	_		
TITLE		DELE <b>TE</b>	4.1 TITLE	V	HT	☐ Change	Addition
NAME			4. 2 NAME	Si	lverio, norka		
STREET ADDRESS			4.3 STREET AD	DRESS 6	Iverio Norka 121 sw 43 st.		
CITY-ST-ZIP			4.4 CITY-\$1-2	ZIP M	liami Fl. 33155		
TITLE		DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET AD	ORESS			
CITY-ST-ZIP			5.4 CITY+ST-7	ZIP			
TITLE		DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME		1	6.2 NAME				
STREET ADDRESS	/		6.3 STREET AD	DRESS			
CITY-ST-ZIP	/		6.4 CITY-ST-7	ZIP			
14. I hereby o	certify that the information supplied wit	this filing does not qualify for	the exemption	n stated in	Section 119.07(3)(i), Florida Statutes. If	urther certify that the	e information hat Lem an
officer or of Block 12 of	director of the corporation or the rece or Block 13 if changed, or on an attac	iver or trustee empowered to ex ment with an address.	kecute this rep	port as equ	Section 119.07(3)(i), Florida Statutes. I f re shall have the same legal effect as if uired by Chapter 607, Florida Statutes; a	ind that my name a	ppears in