

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 631516 (2)

1. Corporation Name

SILVESTRI CORPORATION



Principal Place of Business

4700 NE 2ND AVENUE
MIAMI FL 33137

Mailing Address

4700 NE 2ND AVENUE
MIAMI FL 33137

3. Date Incorporated or Qualified
08/01/1979

3a. Date of Last Report
03/07/1995

4. FEI Number

59-1973693

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SILVESTRI, CARMELA
4700 NE 2ND AVENUE
MIAMI FL 33137

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

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

Signature typed or printed name of registered agent and the applicant

Signature typed or printed name of registered agent and the applicant

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☒ DELETE
P	SILVESTRI, MARIO	4700 NE 2ND AVENUE	MIAMI FL	
ST	SILVESTRI, CARMELA	4700 NE 2ND AVENUE	MIAMI FL	☐ DELETE
GIOVANNI SILVESTRI	4700 NE 2 AVE	MIAMI FL	PRESIDENT	☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	☐ Change ☐ Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	☐ Change ☐ Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	☐ Change ☐ Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	☐ Change ☐ Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	☐ Change ☐ Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carmela Silvestri
CARMELA SILVESTRI

4-29-96

305-7591555

CR2E034 (12/95)