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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000019621 (9)
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ADRIAN SILVA, INC.

FILED Jan 17 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 11405 6TH ST. E. 11405 6TH ST. E. TREASURE ISLAND FL 33706-3029						
					3. Date incorporated or Qualifie 03/07/1994	od 3a. Date of Last Report 04/15/1996
2. Principal P 21 790	lace of Business	NORTH	2a. Mailing Address 26 790 /	2 MOST NOTE	4. FEI Number 59-3229948	Applied For Not Applicable
Suite, Apt			Suite, Apt. #, etc 27	0.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 SAWT	PETERSBURG	FL	City & State 28 SAINT P		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
^{Zip} 33年	2 25	USA	29 33702	Country VSA	8. This corporation has liability f Florida Statutes 10. Name and Address of New	for intangible tax under s. 199.032, Yes No
1140	A, ADRIAN D5 6TH ST. E. ASURE ISLAND F		ent Registěred Agent	81 Name 82 Street Ad 83 79 84 City S	Adrian Silva dress (P.O. Box Number is Not Accept 01 2 ^{NJ} ST. N. AINT PETERSBURG	
office or r agent. I a SIGNATURE	registered agent, or	both, in the Stall accept the obli	gent and title it applicable.	was authorized by the corpor 35, Florida Stutes. Ad (NOTE Registe of Agent signature rec	proration submits this statement for the ration's board of directors. I hereby action a Silva Si	of the appointment as registered of the 194 DATE
12.	PS	OFFICERS A	ND DIRECTORS DELET	E 1.1 TLE C		FICERS AND DIRECTORS IN 12
						. Change Addition
TULE			L. J DELLY		'Lesident - Secretary Adai an Silva	Change Addition
NAME	SILVA, ADRIAN	Ε.	L. J OLLEY	1.2 AME	Adrian Silva	Change L Addillor
NAME STHEET ADDRESS			St.tt(1.2 AME 1.3 Street Andress	Adrian Silva 1901 200 ST N	PL 337-2
NAME STHEET ADDRESS CITY-ST-ZIP	SILVA, ADRIAN 11405 6TH ST.		DELET	1.2 AME 1.3 STREET ADDRESS 1.4 CHTY-ST-ZIP	Adrian Silva	FL 33702_
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14. I do hereby certify that the information supplied with this filling 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

SIGNATURE:

Silva - President 0/10/97 8139610006