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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94278**

1. Corporation Name
SILVER INSURANCE AGENCY INC.

Principal Place of Business	Mailing Address
3785 N.W. 82 AVENUE SUITE #201 MIAMI FL 33166	3785 N.W. 82 AVENUE SUITE #201 MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 08/11/1982

4. FEI Number: 59-2217283 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

~~MARQUEZ, JOSE M~~
~~700 NW LEJEUNE RD. #400~~
~~MIAMI FL 33126~~

10. Name and Address of New Registered Agent

81 Name: JOSE M. MARQUEZ, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 782 NW LeJeune Road
83: Suite 548
84 City: Miami **FL** 85 Zip Code: 33126

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 _____ Jose M. Marquez, Esq. March 10, 1999
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		☐ Change ☐ Addition
NAME	VALDES, DANIEL R		1.2 NAME		
STREET ADDRESS	9755 SW 62 ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HERRAN, MANUEL A		2.2 NAME		
STREET ADDRESS	8460 SW 5 ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GUERRA, ARMANDO J		3.2 NAME		
STREET ADDRESS	9475 JOURNEYS END RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33156		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FERNANDEZ, MIGUEL R (AST		4.2 NAME		
STREET ADDRESS	8360 NW 188 ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HERRAN, JOSE A (ASSTN.)		5.2 NAME		
STREET ADDRESS	8455 GRAND CANAL DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		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		

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DANIEL R. Valdes 2/2/99 (305) 597-8909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (1/98)