COF	PROFIT RPORATION JAL REPORT <b>1998</b>	IG FEE AFTEI	FLORIDA DEPAI Sandra I Secreta	S \$550.00 RTMENT OF STATE B. Mortham ry of State CORPORATIONS	FII Feb 05 19 Secretar		
SILVER	PAINT & HARD	67988 NARE COMPANY					
Principal Place of Business Mailing Address 653 COLLINS AVE. MIAMI BEACH-FL 33139 MIAMI BEACH FL 33139					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/08/1952		
2. Principal Place of Business       2a. Mailing Address         21       1138       NORMANDY       DRIVE         Suite, Apt. #, etc.       Suite, Apt. #, etc.					4. FEI Number 59-0674689	N 89.75	Applied For lot Applicable Additional
22 City & State	<u></u>	27	City & State		5. Certificate of Status Desired		Required
23 MIAT	NI BEACH	FL 28	MIAMI BE	ACH, FC Country	<ol> <li>Election Campaign Financing Trust Fund Contribution</li> <li>This corporation owes or has particular to the particular to</li></ol>	Added	May Be to Fees ntangible
24 33	· - ( ) [4-7]	DRDE 29 ess of Current Regist	33141 ered Agent	30 DADE	Personal Property Tax due June 10. Name and Address of New Re		No
653	umin, Howard 3 Collins Ave. Imi FL 33139			81 Name 82 Street Addre 83 84 City	ss (P.O. Box Number is Not Acceptal		Code
SIGNATURE					pration submits this statement for the point's board of directors. I hereby acce		its registered registered
12.		ne of registered agent and title if		E. Registered Agent signature require	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTO	RS IN 12
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Silverman, San 760 S.W. 21St R Miami Fl		DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		[] Change	RS IN 12
TITLE NAME STREET ADORESS	VD SILVERMAN, MIC 10805 S.W. 128 MIAMI BEACH FL	terr.	DELETE	2 1 TITLE 2.2 NAME 2.3 STREET ADDRESS		Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADORESS	TD PEREZ, FELIX 9765 SW 53RD S MIAMI FL		DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		. Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	SD BLUMIN, HOWAR 1865 N.E. 117TH N. MIAMI FL 331	RD.	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADORESS 14 ONC OT JIP		Change	Addition
CITY-ST-ZIP TITLE NAME STREET AODRESS		<u>,                                     </u>	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CID: CT. TID		Change	Addition
CITY-ST-ZIP THTLE NAME STREET ADDRESS CITY-ST-ZIP			DELETE	5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		Change	Addition
14. I hereby c indicated officer or c	on this annual report of director of the corporat or Block 13 if changed,	r supplemental annual i	report is true and accurate to each accurate the empowered to each an address.	r the exemption stated in S urate and that my signature	ection 119.07(3)(i), Florida Statutes. I shall have the same legal effect as if red by Chapter 607, Florida Statutes; $\sqrt{1-1/2-4/98}$	i made under oath; the and that my name ap	at I am an pears In

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