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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

(1)

 Corporation Name SILVESTRI BUILDERS SPECIALTIES INC

Principal Place of Business	Mailing Address	
4700 N E 2ND AVE MIAMI FL 33137-3124	4700 N E 2ND AVE Miami Fl 33137-3124	



3. Date Incorporated or Qualified 01/11/1966

3a. Date of Last Report 04/25/1995

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9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 11 Name SILVESTRI,CARMELA 4700 NE 2ND AVE MIAMI FL 33127 84 City FL 85 Zep Cr. 84 City FL 85 Zep Cr. 85 Jep Cr. 86 Jep Cr. 86 Jep Cr. 87 Jep Cr. 88 Jep C	.032,		
SILVESTRI, CARMELA 4700 NE 2ND AVE MAMI FL 33127 1. Pursuant to this provisions of Sections 607.0502 and 807.1508, Floridas Statutes, the above-named corporation submits this statement for the purpose of changing its registored 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, and discrept the obligations of. Section 007.0505, Floridas Statutes. SIGNATURE Significant Professions of Professions of Section 007.0505, Floridas Statutes. SIGNATURE Significant Professions of Professions of Section 007.0505, Floridas Statutes. SIGNATURE Significant Professions of Professions of Section 007.0505, Floridas Statutes. SIGNATURE Significant Professions of Professions of Section 007.0505, Floridas Statutes. SIGNATURE Significant Professions of Professions of Section 007.0505, Floridas Statutes. SIGNATURE Significant Professions of Professions of Section 007.0505, Floridas Statutes. SIGNATURE SIGNATURE Significant Professions of Professions of Section 007.0505, Floridas Statutes. SIGNATURE SIGN			
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14. Lide hereby certify that the information supplied on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes	I furthe ade und		
certify that the information indicated on this admind report of supplier test and that cath; that I am an officer or director of the population or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that cath; that I am an officer or director of the population or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that	ny name		
SIGNATURE: CARHELA SILVESTEI) 3-15-96 305-759	155		

(CARHELA SILVESTRI)