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 # **567729** **(9)**

1. Corporation Name
SILVER DOLPHIN PRODUCTS, INC.

Principal Place of Business
C/O GRANT THORNTON
777 BRICKELL AVE #1200
MIAMI FL 33131
US

Mailing Address
C/O GRANT THORNTON
777 BRICKELL AVE #1200
MIAMI FL 33131
US

3. Date Incorporated or Qualified: **04/04/1978**
3a. Date of Last Report: **02/22/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City, State
23
Zip 24 Country 25

2a. Mailing Address
26 777 BRICKELL AVE.
Suite, Apt. #, etc.
27
City, State
28
Zip 29 Country 30

4. FEI Number: **59-1817765** ☐ 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

9. Name and Address of Current Registered Agent

WECHSLER, NATHANIEL
1221 BRICKELL AVE.
SUITE 1100
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 of New Registered Agent, if changing) _____ (Date)

12. OFFICERS AND DIRECTORS

PD ☐ DELETE
ROSE, JOHN
GROVESNORHOUSE APT#152,PARKLANE
LONDON,ENG WIA3AA

STD ☐ DELETE
ROSE, IRENE
GROVESNORHOUSE APT#152, PARKLANE
LONDON,ENG WIA3AA

☐ DELETE
☐ DELETE
☐ DELETE
☐ DELETE
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE ☐ Change ☐ Addition
1 NAME
1 STREET ADDRESS
1 CITY-ST-ZIP
2 TITLE ☐ Change ☐ Addition
2 NAME
2 STREET ADDRESS
2 CITY-ST-ZIP
3 TITLE ☐ Change ☐ Addition
3 NAME
3 STREET ADDRESS
3 CITY-ST-ZIP
4 TITLE ☐ Change ☐ Addition
4 NAME
4 STREET ADDRESS
4 CITY-ST-ZIP
5 TITLE ☐ Change ☐ Addition
5 NAME
5 STREET ADDRESS
5 CITY-ST-ZIP
6 TITLE ☐ Change ☐ Addition
6 NAME
6 STREET ADDRESS
6 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added to an attachment with an address.

SIGNATURE: J. Rose JOHN ROSE 1/22/96 PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Date of Office

CR2E034 (12/95)