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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:13

DOCUMENT # **595153** **(8)**

1. Corporation Name
SILVER INVESTMENT CORP.

Principal Place of Business	Mailing Address
7135 COLLINS AVENUE SUITE 816 MIAMI BEACH FL 33141	7135 COLLINS AVENUE SUITE 816 MIAMI BEACH FL 33141

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/08/1978**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21 **5151-5199 SW 8 Street**	26 **6701 SW 116 Court**
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 **#402**
City & State 23 **Miami, FL**	City & State 28 **Miami, FL**
Zip 24 **33134** Country 25	Zip 29 **33173** Country 30

4. FEI Number: **59-1980420** ☐ 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	10. Name and Address of New Registered Agent
SARDINAS, ELSY G. 7135 COLLINS AVENUE SUITE 816 MIAMI BEACH FL 33141	81 Name: **Juan C. Gutierrez** 82 Street Address (P.O. Box Number is Not Acceptable): **6701 SW 116 Court, #402** 83 84 City: **Miami,** **FL** 85 Zip Code: **33173**

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: Juan C. Gutierrez — Juan C. Gutierrez, Pres. March 17, 1995
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	P	11 TITLE	VP ☑ Change ☐ Addition
NAME	SARDINAS, ELSY G.	12 NAME	Sardinas, Elsy G.
STREET ADDRESS	7135 COLLINS AVE #816	13 STREET ADDRESS	2901 SW 117 Avenue
CITY-ST-ZIP	MIAMI BEACH FL	14 CITY-ST-ZIP	Miami, FL 33175
TITLE	ST	21 TITLE	☑ Change ☐ Addition
NAME	GUTIERREZ, JESUS	22 NAME	
STREET ADDRESS	443 NW 23 PLACE	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	24 CITY-ST-ZIP	33125
TITLE	V	31 TITLE	☑ Change ☐ Addition
NAME	GUTIERREZ, JUAN	32 NAME	P
STREET ADDRESS	6701 SW 116 COURT #402	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	33173
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 changed, or on an attachment with an address.

SIGNATURE: Juan C. Gutierrez — JUAN C Gutierrez 3-30-95 (305) 446-1049
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number

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