2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 05, 2000 8:00 am Secretary of State **DOCUMENT # 595153** SILVER INVESTMENT CORP. 02-05-2000 90018 004 ***150.00 Mailing Address Principal Place of Business 443 N.W. 23 PL. 443 NW 23RD PLACE MIAMI FL 33125-4427 MIAMI FL 33125 10014001 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1980420 Not Applied Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **GUTIERIEZ, JESUS** Street Address (P.O. Box Number is Not Acceptable) 443 N.W. 23 PLACE **MIAMI FL 33125** Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change Additio TITLE PTD Delete NAME **GUITIERREZ, JESUS** NAME STREET ADDRESS STREET ADDRESS 443 N..W 23RD PLACE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Additio ☐ Delete TITLE NAME NAME **GUITIERREZ, JUAN C** STREET ADDRESS STREET ADDRESS 6701 S.W. 116 CT., #402 CITY-ST-7IP CITY-ST-ZIP MIAMI_FL Change ☐ Additio TITLE TITLE NAME SARDINAS, ELSY_D_ NAME. STREET ADDRESS STREET ADDRESS 2901 S.W. 117N AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Additio ☐ Delete TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Additio ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Additio ☐ Defete TITLE TITLE

13. 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.) further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

GNATURE AND TYPED OF PRINTED NAME OF SIGNAN OFFICER OR DIRECTOR

Jesus Lutierrez 7-1-00 (305)643