

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Feb 20 1997 8:00am
Secretary of State**



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

PROFIT CORPORATION
ANNUAL REPORT
1997

DOCUMENT # 621563 (6)

1. Corporation Name
NICK E. SILVERIO & ASSOCIATES, INC.



Principal Place of Business Mailing Address
6801 N.W. 77 AVE. STE.404 MIAMI FL 33166

3. Date Incorporated or Qualified **05/14/1979** 3a. Date of Last Report **03/18/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1986028		Applied For Not Applicable	
21	22	26	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent SILVERIO, NICHOLAS ERNEST, JR. 16020 S.W. 74TH CT MIAMI FL 33157				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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME SILVERIO, NICHOLAS E., JR	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 16020 S.W. 74TH CT	CITY, ST, ZIP MIAMI FL	1.2 NAME	
TITLE STD	NAME SILVERIO, GLORIA M.	1.3 STREET ADDRESS	
STREET ADDRESS 16020 S.W. 74TH CT	CITY, ST, ZIP MIAMI FL	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	2.2 NAME	
CITY, ST, ZIP	CITY, ST, ZIP	2.3 STREET ADDRESS	
TITLE	NAME	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	CITY, ST, ZIP	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS	STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	CITY, ST, ZIP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	4.2 NAME	
STREET ADDRESS	STREET ADDRESS	4.3 STREET ADDRESS	
CITY, ST, ZIP	CITY, ST, ZIP	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	5.2 NAME	
CITY, ST, ZIP	CITY, ST, ZIP	5.3 STREET ADDRESS	
TITLE	NAME	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	CITY, ST, ZIP	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 on an attachment with an address.

SIGNATURE: *Nick E. Silverio* **NICK E. SILVERIO** *2/17/97* **305/882-130A**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Date Phone #

CR2E034 (9/96)