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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of Stay

(6)

DOCUMENT # 621563

NICK E. SILVERIO & ASSOCIATES, INC.

FILED Feb 20 1997 8:00am Secretary of State



Supplied to the passents of Scotlers 807 1506, Florids Statues the above named corporation's short Acceptable) 11. Furnished to the passents of Scotlers 807 1506, Florids Statues, the above named corporation's board of directors. I hereby accept the appointment as register of agent 2. Since 1. Sinc	Substitution Subs		3 Of 1948 (1955)	Maring Ac	daress				-,		
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25	9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 9. Name and A	23		28]							
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B3 City FL B5 Zip Code	MIAMI FL 33157 83					92	Ctroot A	delega (D.O. Bay N. robay is Not Associate	10)		
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Pursuant to the proposers of Sections RIV CROP and ECX 1506, Florids Statutes. The above-named corporation submits this statement for the purpose of changing its register office or registered agricult or books in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registere segment are iterated with an advance using the obligations of Statutes. SIGNAT VIR Proposer and accept the obligations of Statutes	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 agrent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agrent registered agrent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE PROBLEM STORMS AND DIRECTORS IN THE PROBLEM STORMS AND DIRECTORS IN THE PROBLEM STORMS AND SIGNATURE STORMS AND SIGNA					83					
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SILY ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 14. The hearthy could 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		STREET ADDRESS OF Y - \$1 - 722 THEF NAME			DELETE	5.4 CITY-3 6.1 TITLE 6.2 NAME	ST-ZIP			Chan	ge 🔲 Additio

I for the copy seems of the measure appeared which are similar development of the exemption stated in Section 1.19 of (3)), Florida Statutes. I further certify that me information indicated on this annual report of supplienental 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 other of projection of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name applicants in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPET OR PRINTED NAME

OF SIGNING OFFICER OR DIRECTOR

2/17/97

305/881-/30A