FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

APPROVED AND FILED

DOCUMENT # F10137 (0)

1. Corporate Name
SILVACORP BUILDERS, INC.

Principal Place of Business
10224 S.W. 9TH TERRACE
MIAMI FL 33174

Mailing Address
10224 S.W. 9TH TERRACE
MIAMI FL 33174

3. Date Incorporated or Qualified: 10/31/1980
3a. Date of Last Report: 05/31/1994

2. New Principal Place of Business
21 7790 S.W. 134 TH STREET
Suite Apt # or
22

2a. Mailing Address
26 (SAME)
Suite Apt # or
27

City & State
23 MIAMI, FL

City & State
28

Zip
24 33156

County
25 DADE

Zip
29

Country
30

4. FEI Number
59-2055275
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Electronic Corporation Records and Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. The corporation is an insurance company as defined in Chapter 624 Florida Statutes. ☒ Yes. ☐ No.

9. Name and Address of Current Registered Agent

WIENER, MARVIN I
2121 PONCE DE LEON BLVD
STE 1040
CORAL GABLES FL 33134

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 Section 607.0505, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The name and address of the registered office and the name and address of the registered agent of this corporation as amended are as follows:

SIGNATURE

12. OFFICER AND DIRECTOR

TYPE	TSD
NAME	SILVA, LOURDES
STREET ADDRESS	10224 SW 9TH TERRACE
CITY, ST, ZIP	MIAMI FL
TYPE	DP
NAME	SILVA, ARTURO, JR
STREET ADDRESS	10224 SW 9TH TERR
CITY, ST, ZIP	MIAMI, FL 00000

13. ADDITIONS, CHANGES TO OFFICER AND DIRECTOR DATA

14. I hereby certify that the information supplied with this report is true and complete to the best of my knowledge. I further certify that I am familiar with the provisions of Section 607.0505, Florida Statutes, and that the corporation is in compliance with that section. I further certify that I am an officer or director of the corporation or a person authorized by the board of directors of the corporation to file this report. I understand that the filing officer may require proof of my authority to file this report.

SIGNATURE: Arturo Silva ARTURO SILVA 5/28/95 (305) 251-6154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0189684 CP