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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F10137

(0)

SILVACORP BUILDERS, INC.

FILED
Apr 14 1997 8:00am
Secretary of State

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Principal Place of Business 7780 SW 134TH ST MIAMI FL 33156 US 2. Principal Place of Business 21 Suite Apt #, etc 22		Mailing Address 7780 SW 134TH ST MIAMI FL 33156-6735 US 2a. Mailing Address 26 Suite, Apt. #, etc. 27			 3. Date Incorporated or Qualified 10/31/1980 4. FEI Number 59-2055275 5. Certificate of Status Desired 	Fe	Applied For Not Applicable 75 Additional e Required	
City & Str	erte	City & State		6. Election Campaign Financing \$5.00 May Be				
		28			Trust Fund Contribution			
Zip Tun	Country Zip Country		У	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
24	25 9. Name and Address of Curre	29 and Anant	30		10. Name and Address of New Re			
'≵1; ST CC	ENER, MARVIN I 21 PONCE DE LEON BLVD E 1040 DRAL GABLES FL 33134		82 83 84	Street Add	ress (P.O. Box Number is Not Acceptab	FL 85	Zip Code	
SIGNATURE 12. FIRE NAME STREEL ADDRESS	OFFICERS AND SILVA, LOURDES 10224 SW 9TH TERRACE	ent and title d'applicable (ND DIRECTORS DELETE	13. 11 TITLE 12 NAME 13 STREE	T ADDRESS	ilred when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE DERS AND DIRECT Cha		
DITY - ST - ZIP TITLE NAME STREET ADDRESS ONE ST ZIP	MIAMI FL DP SILVA, ARTURO, JR 10224 SW 9TH TERR MIAMI, FL 00000	☐ DELETE	1.4 CITY- 2.1 THTLE 2.2 NAME 2.3 STREE 2.4 CITY	T ADDRESS		Cha		
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NAME STREET ADDRESS COY+SU-749	ie	L_] DELETE	4.1 TITLE 4. 2 NAM 4.3 STREE 4.4 CITY-	E ET ADDRESS	SM)	14-01 Cha		
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14. If 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 suppliemental 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: v

ATURE AND TYPE O OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

0 415/97

305 251-6154