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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F10137

(0)

SILVACORP BUILDERS, INC.

FILED
Mar 26 1998 8:00am
Secretary of State

THE STREET HALL STATE AND THE PERSON OF THE PERSON OF

Principal Place of Business	Mailing Address), g.g.; g.g.; g.g.; g.g.; 160;		
7790 SW 134TH ST Miami FL 33156 US	7790 SW 134TH ST Miami FL 33156 US		DO NOT WRITE IN THIS SPACE			
			3. Date Incorporated or Qualified			
A 51 1 151 151			10/31/1980			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
21	26	1	59-2055275	Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred		
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country 25	Zip C 29 30	ountry	8. This corporation owes or has paid the cul Personal Property Tax due June 30.	ırrent year Intangible ☐ Yes ☐ No		
9, Name and Address of Current Registered Agent			10. Name and Address of New Registered	Agent		
WIENER, MARVIN I		81 Name				
2121 PONCE DE LEON BLVD STE 1040	82 Street Address (P.O. Box Number is Not Acceptable)					
CORAL GABLES FL 33134		83				
•		84 City	FL	85 Zip Code		
11. Pursuant to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes, the	above-named corp	poration submits this statement for the purpose of	changing its registered		

1. 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.

agont. Ft	In ramiliar with, and accept the oringations	or, accitor 407.0303, 110	nua statutes.				
SIGNATURE	Signature, typed or printed nature of regerered agent and	tite dispolicable /NOTE	Registered Agent signature	required when reinstating)		DATE	
12.	OFFICERS AND DIF		13.		CHANGES TO OFFICE		RS IN 12
TITLE	TSD	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	SILVA, LOURDES		1.2 NAME				
STREET ADORESS	10224 SW 9TH TERRACE		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP				
TITLE	DP	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	SILVA, ARTURO, JR		2.2 NAME				
STREET ADDRESS	10224 SW 9TH TERR		2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 00000		2 4 CITY-ST-ZIP				
TITLE		DELET é	3.1 TITLE		-c	Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY - ST- ZIP				
TITLE		DELET e	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS			-	
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE	100	00246: 26/980105	3221Change	Addition
NAME			5.2 NAME	-03/2	26/980105	7016	
STREET ADDRESS			5.3 STREET ADDRESS	***15	50.00		_,
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ Changy	A Delikion
NAME			6.2 NAME			つ つ	• • /

14. Thereby 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 eath; 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 attagriment with an address.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

CICMATURE.

STREET ADDRESS

CITY-ST-ZIP

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