FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAR -1 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # H94308 (4)

1. Corporation Name
TRUE SILVER CORPORATION

Principal Place of Business	Mailing Address
1596 NW 159TH STREET MIAMI FL 33169	1596 NW 159TH STREET MIAMI FL 33169

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/16/1986
3a. Date of Last Report: 01/21/1994

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: 59-2618957 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CARBONELL, ALBERTO M.
909 GRANADA GROVE CT.
SFUITE 201
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 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: (If changing Registered Agent, this signature required when mailing) (NOTE: Registered Agent's signature required when mailing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Title	DP	1.1 TITLE	☐ Change ☐ Addition
Name	GARAZI, SOLOMON	1.2 NAME	
Street Address	2025 NE 197 TERR	1.3 STREET ADDRESS	
City-St-Zip	N MIAMI BEACH FL	1.4 CITY-ST-ZIP	
Title	DVS	2.1 TITLE	☐ Change ☐ Addition
Name	SCHOONOVER, RICHARD	2.2 NAME	
Street Address	17101 NE 11TH COURT	2.3 STREET ADDRESS	
City-St-Zip	N MIAMI BCH FL	2.4 CITY-ST-ZIP	
Title		3.1 TITLE	☐ Change ☐ Addition
Name		3.2 NAME	
Street Address		3.3 STREET ADDRESS	
City-St-Zip		3.4 CITY-ST-ZIP	
Title		4.1 TITLE	☐ Change ☐ Addition
Name		4.2 NAME	
Street Address		4.3 STREET ADDRESS	
City-St-Zip		4.4 CITY-ST-ZIP	
Title		5.1 TITLE	☐ Change ☐ Addition
Name		5.2 NAME	
Street Address		5.3 STREET ADDRESS	
City-St-Zip		5.4 CITY-ST-ZIP	
Title		6.1 TITLE	☐ Change ☐ Addition
Name		6.2 NAME	
Street Address		6.3 STREET ADDRESS	
City-St-Zip		6.4 CITY-ST-ZIP	

14. I further certify that the information supplied with this report is voluntarily furnished and 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 with an address, with an attachment with an address.

SIGNATURE: [signature] 2/24/95 305-620-7333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0104051 CP