FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

2. Principal Place of Business 21 Street Address 22 City & State 23 Zip 24 County 25	2a. Mailing Address 26 Street Address 27 City & State 28 Zip 29 County 30

3. Date Incorporated or Qualified: **01/16/1986**
3a. Date of Last Report: **03/01/1995**
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

HENSCHEL, ANDREW S
SUITE 202
1880 NE 163RD STREET
NORTH MIAMI BEACH FL 33162

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 617.0502, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE 1 NAME 1 STREET ADDRESS 1 CITY-ST-ZIP	☐ DELETE	1 TITLE 1 NAME 1 STREET ADDRESS 1 CITY-ST-ZIP	☐ Change ☐ Addition
2 TITLE 2 NAME 2 STREET ADDRESS 2 CITY-ST-ZIP	☐ DELETE	2 TITLE 2 NAME 2 STREET ADDRESS 2 CITY-ST-ZIP	☐ Change ☐ Addition
3 TITLE 3 NAME 3 STREET ADDRESS 3 CITY-ST-ZIP	☐ DELETE	3 TITLE 3 NAME 3 STREET ADDRESS 3 CITY-ST-ZIP	☐ Change ☐ Addition
4 TITLE 4 NAME 4 STREET ADDRESS 4 CITY-ST-ZIP	☐ DELETE	4 TITLE 4 NAME 4 STREET ADDRESS 4 CITY-ST-ZIP	☐ Change ☐ Addition
5 TITLE 5 NAME 5 STREET ADDRESS 5 CITY-ST-ZIP	☐ DELETE	5 TITLE 5 NAME 5 STREET ADDRESS 5 CITY-ST-ZIP	☐ Change ☐ Addition
6 TITLE 6 NAME 6 STREET ADDRESS 6 CITY-ST-ZIP	☐ DELETE	6 TITLE 6 NAME 6 STREET ADDRESS 6 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

14. I declare that I have examined the information supplied with this report/application, and to the best of my knowledge and belief, it is true, correct, and complete. 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, if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/09/96 305-620-7333
Date Daytime Phone