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PROFIT CORPORATION ANNUAL REPORT

~~1996~~ 1997

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

FILED
May 19 1997 8:00am
Secretary of State

DOCUMENT # K55971

(1)

1. Corporation Name

SILVERMAN FINANCIAL, INC.

Principal Place of Business

% MARC A. SILVERMAN
6161 BLUE LAGOON DR. SUITE 300
MIAMI FL 33126

Mailing Address

% MARC A. SILVERMAN
6161 BLUE LAGOON DR. SUITE 300
MIAMI FL 33126

3. Date Incorporated or Qualified: 01/05/1989
3a. Date of Last Report: 02/03/1995

2. Principal Place of Business
21 9100 S. Dadeland Blvd.
22 Suite 1603
23 Miami, FL
24 Zip 33156
25 Country USA

2a. Mailing Address
26 9100 S. Dadeland Blvd.
27 Suite 1603
28 Miami, FL
29 Zip 33156
30 Country USA

4. FEI Number: 65-0092995 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $6.75 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

SILVERMAN, MARC A.
6161 BLUE LAGOON DR
SUITE 300
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name: Silverman, Marc A.
82 Street Address (P.O. Box Number is Not Acceptable): 9100 S. Dadeland Blvd.
83 Suite 1603
84 City: Miami, 85 FL Zip Code: 33156

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SILVERMAN, MARC A. 6161 BLUE LAGOON DR,#300 MIAMI FL ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 9100 S. Dadeland Blvd, Suite 1603 Miami, FL 33156
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 5/19/97
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 000002198020 -06/02/97--01115--007 ***165.00

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: Marc A. Silverman, President 1/25/96 (305) 262-55
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Marc A. Silverman, President 4/25/97 (305) 670-7088