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

FILED
98 APR 30 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DOCUMENT # K84378 (4)

1. Corporation Name
SILVABAY CORPORATION

Principal Place of Business	Mailing Address
[redacted]	[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2843 S. Bayshore Dr. Suite, Apt. #, etc. 22 P4A City & State 23 Coral Gables, FL Zip 24 33133 Country 25 Dade	2a. Mailing Address 26 2843 S. Bayshore Dr. Suite, Apt. #, etc. 27 P4A City & State 28 Coral Gables, FL Zip 29 33133 Country 30 Dade

3. Date Incorporated or Qualified: 05/01/1989

4. FEI Number: 65-0211326 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
[redacted]	81 Name: Mark D. Rich, Esq. 82 Street Address (P.O. Box Number is Not Acceptable): 200 S. Biscayne Blvd, 41st Floor 83 84 City: Miami FL 85 Zip Code: 33131

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 [redacted] APRIL 28, 1998
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating). DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted]	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D/P/S/T Portela, Silvia 2843 S. Bayshore Dr., P4A [redacted], FL 33133	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~AS~~ ~~BOLONGA, STEFANIA~~ ~~200 S BISCAYNE BLVD, #4015~~ ~~MIAMI FL~~	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Coconut Grove	☐ 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	B00002512778--0 -05/06/98--01017--035 ****150.00 ****150.00	☐ 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	SL 4-30	☐ Change ☐ Addition
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

14. I 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 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 added to the document with an address.

SIGNATURE: Silvia Portela April 28, 1998 305-446-6639