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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K98291 1. Corporation Name SILICA, INC. (3)

FILED
May 20 1997 8:00am
Secretary of State

Principal Place of Business	Mailing Address	r commons one stress less desperation from along diving their Albeit diving Albeit albeit albeit albeit albeit
N RENALDY J. GUTIERREZ 480 BRICKELL AVE. 8TE 303 AIAMI FL 33131	% renaldy J. Gutierrez 1480 Brickell ave. Ste 303 Miami Fl 33131-3424	

						3. Date Incorporated or Qualified					
2. Principal Place of Business		2a. Mailing Addres	2a. Mailing Address			4. FEI Number	L	1 1/	Applied For		
21		26				65-0227948			Vot Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, o	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred					
City & Stat	te	City & State	City & State					O May Be			
Zip 24	Country 25	Z(p	30 Cou	ntry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes					
		Current Registered Agent		10, Name and Address of New Registered Agent							
GUT	MERREZ, RENALDY J.	······································	*	B1	Name			90111			
799 BRICKELL PLAZA											
SUITE 303				82 Street Ac		dress (P.O. Box Number is Not Acceptable)				
MIA	MI FL 33131										
				84	City		FL.	85 Zq	Code		
agent. I a	registered agont, or bom, in th	07.0502 and 607.1508, Florida e State of Florida Such change e obligations of, Section 607.05	: was authorized	3 bv	the corpor	rporation submits this statement for the pu ation's board of directors. I hereby accept	roope of a	hanging Intrient a	its registered s registered		
SIGNATURE	Signature, typod or printed manye of regis-	tered agent and title if applicable	(NOTE: Registéres	 i Age	nt signature req	guired when reinstalling)	DATE				
12.	OFFICE	RS AND DIRECTORS	13.	•		ADDITIONS/CHANGES TO OFFICE	RS AND I	DIRECTO	RS IN 12		
TITLE	DP	DELF	1E 1.1 T(1	l F				Change			
NAME	GUTIERREZ, JAIME		1.2 N- 1.3 S7								
STREET ADDRESS	% 881 OCEAN DRIVE				ADDRESS				f		
CITY-ST-ZIP	KEY BISCAYNE FL		1.4 CF	IY-SI	1 - 715						
TITLE	D	DELE	TF 21 TH	ιF]	Change	Addition		
NAME	GUTIERREZ, HELENA		2 2 NA	2.2 NAME							
STREET ADDRESS	%881 OCEAN DRIVE		2351	23 STREET ADDRESS							
City-St-ZiP	KEY BISCAYNE FL		2 4 0	1Y-5	1 - ZIP						
TITLE	D D	L DELE	TE 31111	Lŧ		· ·	E	Change	Addition		
NAME	GUTIERREZ, MANUEL		3.2 NA	ME							
STREET ADDRESS	%881 OCEAN DRIVE		3.3 \$1	REET :	ADDRESS						
CITY-ST-ZIP	KEY BISCAYNE FL	····	3.4 CI		1- ZIP						
TITLE		DEE	1 .				Ĺ	_] Change	☐ Addition		
NAME			4. 2 N/								
STREET ADDRESS			- B		ADORESS						
CITY-ST-ZIP		DITOFLE	4.4 (01)		I - ZIP			-	····		
TITLE		L'1 Offi					L	Change	Addition		
NAME			5.2 NA								
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP TITLE		☐ DELE	54 CII TE 61 1 II		- 7IP			7 01	1.4.021		
NAME		□ ուս					L	_ Change	Addition		
STREET ADDRESS			62 N/4		1000000						
			8		ADDRESS						
CITY-ST-ZIP	by cartify that the information of	upplied with this filing done not	640II			ad in Section 110 07(2)(i) Florida Cial dos	77				

14. I do 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 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 in 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 Flock 13 if change i, of on an attachment with an address.