AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25)

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

98 OCT 23 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0003606

DOCUMENT # N97000002561 (5)

1. Corporation Name

SILENT VOICES, INC.

Principal Place of Business	Mailing Address
11366 S.W. 2ND COURT PEMBROKE PINES FL 33025	11366 S.W. 2ND COURT PEMBROKE PINES FL 33025

3. Date Incorporated or Qualified: 05/06/1997

4. FEI Number: 650751876 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21: 2971 nw 165st
Suite, Apt. #, etc. — 22:
City & State — 23: Miami, FL
Zip — 24: 33054 Country — 25: Dade

2a. Mailing Address — 26: P.O. Box 245311
Suite, Apt. #, etc. — 27:
City & State — 28: Pembroke Pines
Zip — 29: FL Country — 30: Broward

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

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

ZELEDON, LESLIE
11366 S.W. 2ND COURT
PEMBROKE PINES FL 33025

10. Name and Address of New Registered Agent

81 Name: Leslie Zeledon
82 Street Address (P.O. Box Number is Not Acceptable): 2971 NW 165st
83:
84 City: Miami FL 85 Zip Code: 33054

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Leslie Zeledon Leslie Zeledon DATE: 7-16-98
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 IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Leslie Zeledon Dir. 2971 NW 165 St Miami, FL 33054 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
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	Josephine Turner 1825 NW 52nd St Miami, FL 33147 Dir. ☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Anthony Caswell Dir. 15826 SW 145th Ave Miami, FL 33177 ☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Leslie Zeledon 7-16-98 (954) 704 8363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #