2002 UNIFORM BUSI	FILED Mar 03, 2002 8:00 am Secretary of State 03-03-2002 90081 049 ***150.00				22727		
DOCUMENT # P0000036126 1. Entity Name SILROAM CORP.					7/4		
Principal Place of Business 100 N. BISCAYNE BLVD., #2600 MIAMI FL 33132	Mailing Address 100 N. BISCAYNE BLVD., # MIAMI FL 33132	2600	 	. 15 00 17 00 18 00 1600 100		I fiir iog	
2 Principal Place of Business SZIB NW 08 Street Suite, Apt. #, etc.	Cuito Apt # sta	-AVR Floor		OT WRITE IN THIS SP			
MIANT F(.	City State	FC	4. FEI Number 65-10	31179		olied For Applicable]
531 66 Couptry A	333131	Country	Certificate of Status I Name and Address of Status I	JestreuFe	8.75 Addi ee Required		
HART, DAVID J 100 N. BISCAYNE BLVD., #2600 MIAMI FL 33132		Street Address 21 SE	(P.O. Box Number is Not Ac		F(08)		}
8. The above named entity submits this statement for SIGNATURE Signature, typed or printed name of registered agent as	t	egistered office or registe DAWLD T. Registered Agent signature require	HAVEL PH		-02		
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.	After May 1, 200	FEE IS \$150.00 Fee will be \$550.00 e to Department of Sta	10. Election Cam Trust Fund Co	· -		May Be to Fees	
11. OFFICERS AND D TITLE NAME VILCHEZ-RODRIGUEZ, VICENTE D 100 N: BISCAYNE BLVD., #2600 MIAMI FL 33132	DIRECTORS Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES		IRECTORS Change	IN 11 Addition	E034 (9/01)
TITLE D NAME VILCHES DE LUGO, AMALIA ISABE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33132	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[_ Change	Addition	CR2E(
TITLE DIFACTOR NAME Braddly Quictero STREET ADDRESS 982 Surflower Grad	☐ Delete 2 323	TITLE NAME STREET ADDRESS CITY-ST-ZIP			_ Change	Addition	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE NAME

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

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