FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporatio		000082888	(7)								
SILVI	ER AND COMPANY, P.A.										
Principal Place of Business Mailing Address						T (SOULDON LEGICAL PRINT ORBITAL))				
1428 BRIC SUITE 500 MIAMI FL		Suite 500	1428 BRICKELL AVENUE SUITE 500 MIAMI FL 33131								
						3. Date Incorporated or Qualified	3a. Date		,		
2. Principal Pi	lace of Business	2a. Mailing Address				11/23/1993 4. FET Number	0	4/28/1	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
21		[26]				CE OAFOOZO					
Suite, Apt	#, etc.	Suite, Apt. #, etc.				00.75					
22		27				5. Certificate of Status Desired		•	5 Additional Required		
City & State	÷	City & State			· ·	6. Election Campaign Financing			00 May Be		
23		28				Trust Fund Contribution			May Be ed to Fees		
Ζιρ 24	Gountry 25	Ζφ		intry		8. This corporation has liability for	intangible tax				
24	9. Name and Address of Cur	[29]	30	,		Fiorida Statutes	□ No				
	S. Name and Address of Cul	rent negistered Agent	··· · ·-	81	Name	10. Name and Address of New F	legistered A	gent			
HKEG	& F REGISTERED AGENT CO	\nn		01	INSULIE:						
	S BAYSHORE DRIVE	mr	!			ress (P.O. Box Numbor is Not Acceptab	ole)				
SUITE				83							
	FL 33133										
1112 4111	1 2 00 100			84	Crty		FL	85 Zi	p Code		
SIGNATURE _	Signature, typed or printed name of responsivity	george (to, daggo aco				ration submits this statement for the pur rd of directors. Thereby accept the appr	DATE	ysterec			
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	D	☐ DELETE		i LE		☐ Change		Addition			
NAME	SILVER, MICHAEL	WER SAA	1.2 N	W.							
STREET ADDRESS	1428 BRICKELL AVE., SU	ATE 500	:38	HEET.	ADDRESS .						
CITY-ST-ZIP TITLE	MIAMI FL 33131 D	CD 661676		1 Y - \$ I	- 216						
NAME		C DELETE				☐ Change		Change	Addition		
STREET ADDRESS	CHRISTIAN, CARY 1428 BRICKELL AVE., SU	NTE EAA	2.2 N								
City ST-ZiP	MIAMI FL 33131	TIE DOU			ADDHESS						
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CITY - ST - ZIP			4.4 CI	<u>Y</u> S!	- Zi:						
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STREET ADDRESS			5331	REEL A	DORESS						
CITY ST-ZIP TITLE	78.		54 (1)		ZIP						
NAME		☐ DELFTE	6 1 00		[Change	Addition		
STREE! ADDRESS			52 NA	Wt.	(417-147-6-7						

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:冰

14. I do hereby certify that the information of the certify that the information of the certify that I am an officer in the appears in Block 12 or Brand to

City-SI-ZiP

on supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes. I further of this sortiual report or supplicit entail report is true and accurate and that my signature shall have the same legal effect as if made under the composition or this receiver or trusted on powered to execute this report as required by Chapter 607, Florida Statutes; and that my name nged, or on an attachment with an address NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/16 (305)374-5116