

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 14 1997 8:00am
Secretary of State

DOCUMENT # P94000002348 (8)

1. Corporation Name
SILTON CAPITAL, INC.



Principal Place of Business

2812 NW 35TH ST
MIAMI FL 33142
US

Mailing Address

2812 NW 35TH ST
MIAMI FL 33142-5289
US

3. Date Incorporated or Qualified
01/11/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 ~~5801 BISCAYNE BLVD~~
Suite, Apt. #, etc.

2a. Mailing Address

26 ~~5801 BISCAYNE BLVD~~
Suite, Apt. #, etc.

4. FEI Number
65-0477842

Applied For
Not Applicable

22 City & State
MIAMI, FL

27 City & State
MIAMI, FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip 33137 Country USA

28 Zip 33137 Country US

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TROJECKI, SZYMON
2812 NW 35TH ST
MIAMI FL 33142

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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 DV ☐ DELETE
NAME SABO, ABRAM
STREET ADDRESS 19195 MYSTIC POINTE DR TOWER 100 APT 2003
CITY-ST-ZIP AVENTURA FL 33180

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DP ☐ DELETE
NAME TROJECKI, SZYMON
STREET ADDRESS 2812 NW 35TH ST
CITY-ST-ZIP MIAMI FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TS ☐ DELETE
NAME PALINSKY, ILYA
STREET ADDRESS 2812 NW 35TH ST
CITY-ST-ZIP MIAMI FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/97

Date

Daytime Phone #

0196310

CR2E034 (9/96)