

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Shirley B. McArthur
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 8:58

DOCUMENT # P94000011146 (5)

1. Corporation Name

THE SILVERY MOON INC.

Principal Place of Business

825 WASHINGTON AVENUE
MIAMI BEACH FL 33139

Mailing Address

825 WASHINGTON AVENUE
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1994

3a. Date of Last Report

N/A

4. FEI Number

65-0471208

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21 9AM AS 401VS

2a. Mailing Address

26 3725 S. ocean Drive

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

Hollywood, Florida

24 Zip

25 Country

29 Zip

33019

30 Country

USA

9. Name and Address of Current Registered Agent

FUNDILLER, MICHAEL
1382 N.W. 100TH AVENUE
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name

BELINDA ROGERS

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

825 WASHINGTON

83

miami

BEACH, FL

84 City

FL

85 Zip Code

33139

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

Belinda Rogers

03/24/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT
NAME BELINDA ROGER RIGGIO
STREET ADDRESS 3725 S. OCEAN DRIVE
CITY, ST, ZIP HOLLYWOOD, FL 33019

TITLE VICE-PRESIDENT
NAME SALVATORE RIGGIO
STREET ADDRESS 3725 S OCEAN DRIVE
CITY, ST, ZIP HOLLYWOOD, FL 33019

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE ☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE ☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE ☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information included in 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 registered agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report or in an attachment with an address.

SIGNATURE:

Belinda Rogers

PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tan 25/95

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456-7440