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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

-	1996 DIVISION OF CORPORATIONS									
1. Corporation	Name	0003651	9 (4)							
S. SILE	EN AND COMPANY, INC.					1 18 2 18 2 18 2 1	lia itili alan sant an	i) 41 (); 41 (44	4544 0 45400 444	
Principal Place of Business Mailing Address			ss			l farijari i	isa kaini bidak daini adi	II Ba ill Báidí	DIADE BUTEL BAL	
100 W. CYPRESS CREEK ROAD SUITE 865 FORT LAUDERDALE FL 33309		100 W. CYPRESS CREEK ROAD SUITE 865 FORT LAUDERDALE FL 33309								
TONI LAUDE	INDALE PE 33309	TONT ENUDERDALE PE 35309			Ì	3. Date Incorpo 05/10/1	orated or Qualified		te of Last F 04/26/19	
2. Principal Pla	ce of Business	<u></u>	2a. Mailing Address			4. FEI Number	10000			Applied For
Suite, Apt. #	i elc	·· + · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.			65-049	13000			Not Applicable
22	, 513.	27	← ₁			5. Certificate of	Status Desired			5 Additional Required
City & State		City & Stat	City & State			6. Election Carr	paign Financing			May Be
23		28	28			Trust Fund C			-	d to Fees
Zφ	Country	Zip	Coun	try			tion has liability for		tax under s	199.032,
24	25 9. Name and Address of Curre	29 ent Registered Agen	30			Florida Statut	tes	No	Anni	
	<u> </u>	Trogratated Agen		31 Name		10. Hame and a	Address Of New I	registered	Agent	
RANA M	. GORZECK P.A.		}_	32 Street		/DO Pay Numb	er is Not Acceptal	-1-1		
	CYPRESS CREEK ROAD			Street	Address	(F.O. BOX NUME	er is not acceptai	эеј		
OUTE O			[i	33	48	910				
FORT LA	NUDERDALE FL 33309		ļ,	34 City	16	110			85 Zi	p Code
d4 D	45							<u>Fl</u>	_	
Or registere	the provisions of Sections 607.050 d agent, or both, in the State of Flor	iua. Such change wa	is authorized by the co	e named c progration's	orporations board o	on submits this st of directors. I here	atement for the pu by accept the app	rpose of chointment a	nanging its i s registered	registered office I agent. I am
iairiniai witi	n, and accept the obligations of, Sec	ction 607.0505, Florida	a Statutes.				.,		5 . Og. 0, 0. 00	- ogorii i orii
SIGNATURE	Signature, typed or printed name of registered agen	of and tille if applicable.	(NOTE: Registered A	pent signature	required who	en reinstatino)		DATE		
12.		ND DIRECTORS	13.				CHANGES TO OFF		D DIRECTO	DRS IN 12
TITLE	P	JOE DE		.F	P .	27.00		1	Change	☐ Addition
NAMÉ	SILEN, SONIA 8221-14 GLADES RD 36 BOCA RATON FL HIG	NE IST ST.	1 2 NAM		So	NIA SILE. NEIN ST G. Fl.	· Kan			
STREET ADDRESS	BOCADATON EL MIC	1/ 22/	29 1.3 STA	EET ADDRESS	36	N. T.	73120			
C(TY-S1-ZIP TITLE	DOUGHNATON FL 777			-ST-ZIP	Mi	a. F.	32/34			
NAME					1				☐ Change	☐ Addition
STREET ADDRESS			2.2 NAN	EET ADDRESS						
CITY - ST - ZIP				-ST-ZIP						
TOTLE	7- 7- 7- 7	□ DE			† · · · · ·				Change	Addition
NAME			3.2 NAN	IE]				_ •	
STREFT ADDRESS			3.3 STF	EET ADDRESS	1					
CHY-ST-ZIP				- ST - ZIP						
TrilE		☐ DE	ELETE 4. 1 TITO	E					☐ Change	☐ Addition
NAME			4.2 NAM							
STREFT ADDRESS				ET ADDRESS						
CHY-ST-ZIP TITLE				· ST - ZIP					Channa .	ED Addition
NAME			LETE 5 1 TIPL 5 2 NAM						☐ Change	☐ Addition
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP				-ST-ZIP	-					
TITLE		☐ DE							Change	Addition
NAME			6.2 NAN	E				'	•	
STREET ADDRESS			6.3 STR	ET ADDRESS						
CITY-ST-ZIP				- ST - Z IP	<u></u>					
IA INO horony	certify that the information symplical	with this tiles is value	atarily freatabled and al-		alif . Far Ali			03/0:0 L		

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(3)(k), 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

Houch 6/96

305 577 0218 Daytime Phone #