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

PROFIT ` **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000005232 (0)

SILVER WINGS CAPITAL TWO INC.

 nicipa	II I IO	UO UI I	Dusines	• 5
7500	NW	жtн	STREET	r

Mailing Address

FILED May 19 1998 8:00am Secretary of State



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7500 N.W. 26TH STREET Miami Fl 33122		7500 N.W. 26TH STR MIAMI FL 33122	7500 N.W. 26TH \$TREET MIAMI FL 33122					
	- -					DO NOT WRITE IN THIS	SPACE	_
						3. Date Incorporated or Qualified		
						01/17/1995		
2. Principal Pl	ace of Business	2a. Mailing Address				4, FEI Number		Applied For
21		26			65-0551651		Not Applicable	
Suite Apt 4	#, etc.	Suite, Apt. #, etc.						Additional
22		27				5. Certificate of Status Desired	Fee f	Required
City & State)	City & State				6. Election Campaign Financing	\$5.0	May Be
23		28				Trust Fund Contribution		d to Fees
Zip	Country	Zip	Count	try		8. This corporation owes or has paid the cu	rrent year I	ntangible
24	25	29	30			Personal Property Tax due June 30.	Yes	□No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered	Agent	
М	CCORMICK, ARTHUR F		8	H N	łame			
	550 RED ROAD		A	12 S	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	UITE 203		`	٦	MOUL AGOIT	COS (1.10. DON FROM DOMESTIC TRUE MODE OPTIONS)		
	OUTH MIAMI FL 33143		8	3				-
•			_					
			8	4 0	City	FL	85 Zip	o Code
11 Pursuant t	o the provisions of Sections 607 0503	2 and 607 1508. Florida Stat	utes the abo	ve-n:	amed corp	poration submits this statement for the purpose of	of changing	its registered
office or re	egistered agent, or both, in the State	of Horida. Such change was	s authorized	by th	e corporati	ion's board of directors. I hereby accept the ap	pointment a	is registered
agent. Lar	m t am iliar with land accept the obliga	itions of, Section 607.0505, I	Horida Statul	ios.				
SIGNATURE								
	Signature apped or printed name of registered age. OFFICERS AND			Agent 6	ignature require	ed when reinstating) DATE	D DIDEOTO	DO IN 40
TITLE	D OFFICIAN AIN	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AN	Change	
i		□ ntru					C change	Z Madition
NAME	MONTALVO, JOSE R III		1.2 NAM					
STREET ADDRESS	7500 N.W. 26TH ST.		13 STRE					
CITY-ST-ZIP	MIAMI FL 33122		1.4 CITY		IP.			
TITLE	D	☐ DELETE	2.1 TITLE		ļ		Change	Addition
NAME	MONTALVO, EDUARDO L		2.2 NAM	ΙE				
STREET AODRESS	7500 N.W. 26TH ST.		2.3 STRE	ET ADD	DRESS		•	
CITY-ST-ZIP	MIAMI FL 33122		2. 4 CITY	/-S1-Z	ZIP			
TITLE		☐ DEL e te	3,1 TITLE	<u> </u>	ļ		Change	Addition
NAME			3.2 NAM	ΙE				
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CITY-ST-ZIP			3.4. CITY	/-ST-Z	!IP			
TITLE		DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAM	AE.	}			
STREET ADDRESS			4.3 STRE	ET ADD	DRESS			
CITY-ST-ZIP			4.4 CITY		í			
TITLE		DELETE	5.1 1111.0				Change	Addition
NAME			52 NAM				_	
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CITY-ST-ZIP		DELETE	5.4 CITY		r		Change	Addition
TITLE		[] hereit	6.1 1111.0				charige	III MUUROII
NAME			6.2 NAM		1			
STREET ADDRESS			6.3 STRE	ET ADD	DRESS			
CITY-ST-ZIP			6.4 CITY					
14. I hereby c	ertify that the information supplied wi	th this filing does not qualify	for the exem	notion	i stated in t	Section 119.07(3)(i), Florida Statutes, I further c	ertify that th	ne information

indicated on this annual report or supplemental arinual roport is frue 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.