

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

PROFIT CORPORATION ANNUAL REPORT



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

1996 5-1-96

B-6197

DOCUMENT # **P95000011602 (6)**

1. Corporation Name
SILVER CROSS AMERICA, INC.



Principal Place of Business
**2307 DOUGLAS ROAD
SUITE 200
MIAMI FL 33145**

Mailing Address
**2307 DOUGLAS ROAD
SUITE 200
MIAMI FL 33145**

3. Date Incorporated or Qualified **02/10/1995** 3a. Date of Last Report

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip Country
24 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip Country
29 30

4. FEI Number **65-0606519** 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VILLASANTE, ROBERTO
44 WEST FLAGLER ST.
SUITE 17009
MIAMI FL 33130**

81 Name **SAENZ, RAUL M.**
82 Street Address (P.O. Box Number is Not Acceptable) **8180 N.W. 36 STREET**
83 **#100**
84 City **MIAMI** FL 85 Zip Code **33166**

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 *Raul M Saenz*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1. TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLASANTE, ROBERTO	1.2 NAME	FREYRE, CARLOS V.
STREET ADDRESS	44 W. FLAGLER ST. SUITE 1700	1.3 STREET ADDRESS	4510 S.W. 74 STREET
CITY - ST - ZIP	MIAMI FL 33130	1.4 CITY - ST - ZIP	MIAMI, FLORIDA 33143
TITLE	<input type="checkbox"/> DELETE	2. TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	RAUL M. SAENZ
STREET ADDRESS		2.3 STREET ADDRESS	8180 N.W. 36 STREET, #100
CITY - ST - ZIP		2.4 CITY - ST - ZIP	MIAMI, FLORIDA 33166
TITLE	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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(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: *Raul M Saenz* **RAUL M SAENZ** 4/30/96 305 477-6969

CR2E034 (12/95)