

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

**FILED**

**Feb 06 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**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 33145-3057**

3. Date Incorporated or Qualified **02/10/1995**      3a. Date of Last Report **05/01/1996**

2. Principal Place of Business  
21 **8180 N.W. 36 STREET**      2a. Mailing Address  
26 **8180 N.W. 36 STREET**

4. FEI Number **65-0606519**      Applied For  
Not Applicable

Suite, Apt. #, etc.  
22 **100**      27 **100**

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

City & State  
23 **MIAMI, FLORIDA**      28 **MIAMI, FLORIDA**

6. Election Campaign Financing Trust Fund Contribution       **\$5.00 May Be Added to Fees**

Zip      Country      Zip      Country  
24 **33166**      25 **U.S.**      29 **33166**      30 **U.S.**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**SAENZ, RAUL M  
8180 NW 36 ST  
#100  
MIAMI FL 33166**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      85 Zip Code **FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FREYRE, CARLOS V.</b>	
STREET ADDRESS	<b>4510 SW 74TH ST</b>	
CITY - ST - ZIP	<b>MIAMI FL 33143</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RAUL M. SAENZ</b>	
STREET ADDRESS	<b>8180 NW 36TH STREET, #100</b>	
CITY - ST - ZIP	<b>MIAMI FL 33166</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Raul M Saenz (RAUL M) SAENZ      1-21-97      Date      Daytime Phone #

CR2E034 (9/96)