

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000036103 (6)

1. Corporation Name

THE SILVER PLATE OF MIAMI, INC.



Principal Place of Business

815 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

Mailing Address

815 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

05/08/1995

3a. Date of Last Report

2. Principal Place of Business

21 2937 S.W. 27th Avenue

Suite, Apt. #, etc.

22 Suite # 306

City & State

23 MIAMI, FLORIDA

Zip

24 33133

Country

2a. Mailing Address

26 2937 S.W. 27th Avenue

Suite, Apt. #, etc.

27 Suite # 306

City & State

28 MIAMI, FLORIDA

Zip

29 33133

Country

4. FEI Number

65-0626481

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

AGUILERA, ANTONIO M
815 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name ANTONIO M. AGUILERA
82 Street Address (P.O. Box Number is Not Acceptable) 2937 S.W. 27th Avenue, Suite 306
83
84 City MIAMI FL 85 Zip Code 33133

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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: ANTONIO M. AGUILERA, D/V/P/S DATE: April 26, 1996

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROCCO, ALICIA	
STREET ADDRESS	100 LINCOLN ROAD, SUITE 303	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RICARDO CAROZZI	
1.3 STREET ADDRESS	2937 S.W. 27th Ave. # 306	
1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33133	
2.1 TITLE	D/V/P/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ANTONIO M. AGUILERA	
2.3 STREET ADDRESS	2937 S.W. 27th Ave. # 306	
2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33133	
3.1 TITLE	D/V/P/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PEDRO SCHWINDT	
3.3 STREET ADDRESS	2937 S.W. 27th Ave. # 306	
3.4 CITY-ST-ZIP	MIAMI, FL 33133	
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 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: ANTONIO M. AGUILERA DATE: 04/26/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)