

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90051 047 ***150.00

DOCUMENT # P95000036103

Corporation Name

The Silver Plate of Miami, Inc.

Principal Place of Business Mailing Address
407 Lincoln Rd. 407 Lincoln Rd.
Suite 6G Suite 6G
Miami Beach, FL 33139 Miami Beach, FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
5/8/95

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 owes the current year Intangible Personal Property Tax. Yes No

2a. Mailing Address
26 100 Lincoln Road
Suite, Apt. #, etc.
27 Apt. 721
City & State
28 Miami Beach, FL
Zip 33139 Country

9. Name and Address of Current Registered Agent
Miami Corporate Systems, Inc.
5200 Blue Lagoon Drive
Suite 700
Miami, FL 33126

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

I, 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE DPT	<input type="checkbox"/> DELETE	1.1 TITLE DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME Carozzi, Ricardo D.		1.2 NAME Carozzi, Ricardo D.	
3. STREET ADDRESS 407 Lincoln Road, Ste 6G		1.3 STREET ADDRESS 100 Lincoln Road, Apt. 721	
4. CITY-ST-ZIP Miami Beach, FL 33139		1.4 CITY-ST-ZIP Miami Beach, FL 33139	
5. TITLE DVPS	<input type="checkbox"/> DELETE	2.1 TITLE DVPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME Carozzi, Daniela S.		2.2 NAME Carozzi, Daniela S.	
7. STREET ADDRESS 407 Lincoln Road, Ste 6G		2.3 STREET ADDRESS 100 Lincoln Road, Apt. 721	
8. CITY-ST-ZIP Miami Beach, FL 33139		2.4 CITY-ST-ZIP Miami Beach, FL 33139	
9. TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME Carozzi, Ricardo E.		3.2 NAME Carozzi, Ricardo E.	
11. STREET ADDRESS 407 Lincoln Road, Ste 6G		3.3 STREET ADDRESS 100 Lincoln Road, Apt. 721	
12. CITY-ST-ZIP Miami Beach, FL 33139		3.4 CITY-ST-ZIP Miami Beach, FL 33139	
13. TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		4.2 NAME	
15. STREET ADDRESS		4.3 STREET ADDRESS	
16. CITY-ST-ZIP		4.4 CITY-ST-ZIP	
17. TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY-ST-ZIP		5.4 CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY-ST-ZIP		6.4 CITY-ST-ZIP	

I 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, with all other like empowered.

SIGNATURE: *Katherine Harris*

(305) 261-0500

CR2E034 (1/98)