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

PROFIT CORPORATION ANNUAL REPORT



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

1996		DΙΛ
DOCUMENT #	P95000056	386

SIGNATURE: // LVONTO

60 (6) 1. Corporation Name

SILVER	RALL INTERNATIONAL CO	ORP.			
Principal Place 1 NE 1 ST SUITE 202 MIAMI FL 33		Mailing Address  1 NE 1 ST SUITE 202 MIAMI FL 33132			P. 2111 0111 1017 0111 0011 1001
				3. Date Incorporated or Qualified 3a. E 07/24/1995	Date of Last Report
2. Principal Pla 21	nce of Business	2a. Mailing Address 26		4. FEI Number	Applied For
Suite Apt. (	#, etc.	Suite, Apt. #, etc.		E Confesso of Color o	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing  Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζφ	Country	Zip	Country	8. This corporation has liability for intangible	e tax under s 199.032,
24	25 9. Name and Address of Curr	29 ent Bagistered Agent	30	Florida Statutes Yes No	
	9. Name and Address of Corr	ent Hegistered Agent	81 Name	10. Name and Address of New Register	ad Agent
CABALL	ERO, ALVARO				
1 NE 1			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
SUITE 2			83		
MIAMI F	L 33132		84 City		
			'	pration submits this statement for the purpose of	85 Zip Code
SIGNATURE .	h, and accept the obligations of, Se Signature, figure or product rather of regarded tags.  OFFICERS A		(NOTE: Registered Agent signature requi	ed when reinstaining: DATE ADDITIONS/CHANGES TO OFFICERS A	
1119	PD	DELETE	1. 1 TITLE	PROPERTY OF THE PROPERTY OF TH	Change Addition
NAME	CABALLERO, ALVARO		1.2 NAME		
STREET ADDRESS	1 NE 1 ST SUITE 202		1.3 STREFT ADDRESS		
- (30) 1 (81 (20) — (10) 1	MIAMI FL 33132 VD	☐ DELETE	1.4 City-St-ZiP		
NAME	GUTIERREZ, ESAU		2 1 TITLE 2 2 NAME		Change Addition
S Half ADURESS	1 NE 1 ST SUITE 202		2.3 STREET ADDRESS		
City St ZiF	MIAMI FL 33132		2 4 CITY - ST - ZIP		
TIT.F		☐ DELETE	3. 1 TITLE		Change Addition
NAME			3 2 NAME		
S FEET ACORESS			33 STREET ADDRESS		1
GUNEST-ZIP		☐ DELETE	3.4 CITY - ST - 7)P		
NAME			4 1 TITLE 42 NAME		Change Addition
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
CI34+81+7IP			4.4 CITY-ST-ZIP		
1171.		DELETE	5 1 TITLE		☐ Change ☐ Addition
NAM:			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
Cly St-Zir			5.4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·
T 11 F		DELETE	6 1 TITLE		Change Addition
NAM: STUCLE MESIAGE			6.2 NAME		
STREET ADDRESS DRY ST ZIE			6.3 STREET ADDRESS		
14. I do hereby	certify that the information supplied	I with this filing is voluntarily fo	64 City-St-ZiP irnished and does not qualify	for the exemption stated in Section 119.07(3)(k),	Florida Statutes I further
				ate and that my signature shall have the same logical report as required by Chapter 607, Florida Sta	