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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000056860 (6)

SILVERALL INTERNATIONAL CORP. Principal Place of Business Mailing Address 1 NE 1 ST 1 NE 1 ST **SUITE 202** SUITE 202 DO NOT WRITE IN THIS SPACE MIAMI FL 33132 MIAMI FL 33132 3. Date Incorporated or Qualified 07/24/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 65-0595964 Not Applicable 21 26 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Zin Country Zio Country 8. This corporation owes or has paid the current year Intangible □ No Personal Property Tax due June 30. 1 Yes 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CABALLERO, ALVARO ABALLERO 1 NE 1 ST Street Address (P.O. Box Number is Not Acceptable 82 **SUITE 202** 83 **MIAMI FL 33132** 84 Zip Code 33132 MIRMI 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 Norida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiary with, and accept the appointment as registered agent. SIGNATURE Tivaro (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE SIM MYC. SEM & CABALLERO, ALVARO NAME 1.2 NAME INE, 1st street suite II-A 1 NE 1 ST SUITE 202 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33132 CITY-ST-ZIP 1.4 CHTY-ST-ZIP SOME DELETE TITLE 2.1 TITLE SME SAME NAME **GUTIERREZ, ESAU** 2 2 NAME IN.E. 1st statet suite 11-A 1 NE 1 ST SUITE 202 STREET ADDRESS 23 STREET ADDRESS MIAMI FL 33132 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CfTY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-ZiP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition

14. 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 eath; 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 a pacific section.

6.3 STREET ADDRESS

6 I TITLE 62 NAME

SIGNATURE: \(\)

TITLE

NAME STREET ADDRESS

CITY-S1-ZIP

MARCH 4th 98

FILED

Mar 12 1998 8:00am

Secretary of State