

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**



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

PROFIT CORPORATION  
ANNUAL REPORT  
1996

DOCUMENT # **P95000071891 (2)**  
1. Corporation Name

**SILVER ROSE, INC.**

95 JUN 12 PM 2:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business: **701 BRICKELL AVE. SUITE 1200 MIAMI FL 33131**  
Mailing Address: **701 BRICKELL AVE. SUITE 1200 MIAMI FL 33131**

3. Date Incorporated or Qualified: **09/14/1995** 3a. Date of Last Report  
4. FEI Number: **65-0611439** 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. 193.032 Florida Statutes  Yes  No

2. Principal Place of Business  
21. **3050 Biscayne Blvd.** Suite, Apt. #, etc.  
22. **Suite 501** City & State  
23. **Miami, Florida** Zip Country  
24. **33137** 25. **33137** 29. **33137** 30. **33137**

9. Name and Address of Current Registered Agent

**RICHARDS, GEORGE R  
701 BRICKELL AVE, SUITE 1200  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81. Name: **Corporation Service Company**  
82. Street Address (P.O. Box Number is Not Acceptable): **1201 Hays Street**  
83. City: **Tallahassee** FL 85. Zip Code: **32301**

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 will accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

*Thierry Naro*

(If the Registered Agent Signature is required, attach a separate page.)

8-8-96

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DEDONATIS, LEO</b>	
STREET ADDRESS	<b>4511 NW 37TH CT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33142</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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME	<b>Mr. Thierry Naro</b>	
13. STREET ADDRESS	<b>16 South River Road &amp; Bay Street</b>	
14. CITY-ST-ZIP	<b>Kingstown, Saint Vincent &amp; the Grenadines</b>	
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY-ST-ZIP		
31. TITLE		
32. NAME		
33. STREET ADDRESS		
34. CITY-ST-ZIP		
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-ST-ZIP		
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-ST-ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY-ST-ZIP		

7000001915187  
-08/07/96-01049-015 Addition  
\*\*\*\*225.00 \*\*\*\*225.00

*Thierry Naro*  
8-5-96

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 119.03(4) 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 his report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thierry Naro*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Thierry Naro, President**

CR2E034 (3/96)