

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
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90283 011 ***150.00

DOCUMENT # 95000076174

1. Corporation Name

SILVER LAKES STATION, INC.

Principal Place of Business

12398 S.W. 82nd Ave
Miami, FL 33156

Mailing Address

12398 S.W. 82nd Ave.
Miami, FL, 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

9/26/95

4. FEI Number

65-0640055

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

2. Principal Place of Business

21 12398 S.W. 82nd Ave.

Suite, Apt. #, etc.

2a. Mailing Address

26 12398 S.W. 82nd Ave.

Suite, Apt. #, etc.

City & State

23 Miami, FL

Zip

Country

24 33156

25

City & State

28 Miami, FL

Zip

Country

29 33156

30

9. Name and Address of Current Registered Agent

GOTMAN, Leonard H
2655 Le Jeune Road
Penthouse 1-D
Coral Gables, FL, 33134

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

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 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

12. OFFICERS AND DIRECTORS

TITLE V. PRESIDENT / DIRECTOR ☐ DELETE
NAME CARLOS FONTECILLA

STREET ADDRESS
CITY-ST-ZIP

TITLE PRESIDENT ☐ DELETE
NAME ISABEL FONTECILLA

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME

STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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:

CARLOS FONTECILLA

3/18/99

305-255-4140

Date

Daytime Phone #

CR2E034 (11/98)