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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	1996		orelary of State LOF CORPORATIONS		
DOCUN 1. Corporation		00090250	(8)		
1ST A	VENUE SILVER, INC.				
Principal Place of Business		Maling Address		A LORESTORE DIRECTOR BUILD BOSTS BOT	IT BATTE BRITE INITE STITE LISTER STATE ON IT SONE
123 N.E. 1ST AVE. HALLANDALE FL 33009		123 N.E. 1ST AVE. Hallandale Fl 33009			
	<b></b>			3. Date Incorporated or Qualified 11/28/1995	3a. Date of Last Report
2. Principal Plai	ce of Business	2a. Mailing Address		4. Fel Number () (6351)	Applied For Not Applicable
Suite, Apt. #	, etc	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23]		28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	tangible tax under s. 199.032,
24	25 9. Name and Address of Curre	29 29 Agent	30	Florida Statutes Tes	_
<del></del>	<u> </u>	Tiegisteles Agent	81 Name	10. Name and Address of New Re	gistered Agent
DELUC	A, JOY		82 Street Addr	ress (P.O. Box Number is Not Acceptable	0
408 S.W. 4TH TERRACE				ess (F.O. box Number is Not Acceptable	Pi
HALLAN	NDALE FL 33009		83		
			84 City		85 Zip Code
11. Pursuant to	the provisions of Sections 607,050	02 and £07 1508, Florida St.	atutes, the above named corpor	ation submits this statement for the purp	FL 63 Zip Code
	d agent, or both, in the State of Flo i, and accept the obligations of, Sei			ation submits this statement for the purp rd of directors. Thereby accept the appoi	ntment as registered agent. I am
SIGNATURE					
12.	Ignature types or profed name of registered and OFFICERS At	ND DIRECTORS	#ATTE Registered Agent signature required  13.	·	[ATH
TOTLE	PD	DELETE	1 1 TiTLF	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12  Change Addition
NAME	DELUCA, JOY		1.2 NAME		C o rough C Noorthold
STREET ADDRESS	408 S.W. 4TH TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL 33009		1.4 CHY+ST-ZIP		
TITLE	VD	DELETE	2.1101.6		Change Addition
NAME	KELLEY, JANET		2.2 NAME		
STREET ADDRESS  CITY-ST-ZIP	1111 NW 18TH AVE. FT. LAUDERDALE FL 3330	M	23 STREET ADDRESS		
TITLE	11. ENODERIDALE 1E 3330	DELETE	2.4 City - ST - 7iP 3.1 Title		- Change FD Addition
NAME			3.2 NAME		☐ Change ☐ Addition
STREET ADDRESS			3.3 STRUET ADDRESS		
CITY - ST - ZIP			3.4 CiTy - St - ZiP		
TITLE		DELETE.	4 1 TIFLE		Change Addition
NAME			4.2 NAME		ļ
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETÉ	4.4 CITV - ST - 7IP		
NAME		ביין מנינונ	5 1 TITLE 52 NAME		Change Addition
STREET ADDRESS			5.3 STREET AODRESS		
CITY - ST - ZIP			5.4 City - St - ZiP		
TILLE		DELETE	6 1 TillE		☐ Change ☐ Addition
NAME			62 NAME		_
STREET ADDRESS			6 3 STREET ADDRESS		
City-St-ZiP	Certify that the information aunalised	with this films is valuated at	6 4 CITY - ST - ZIP		
certify that the	certify that the information supplied he information indicated on this ann	with this filing is voluntarily to	urnished and does not qualify for	or the exemption stated in Section 119.07	(3)(k), Florida Statutes, I further

certify that the information indicated on this armus' report or supplemental armus' 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 in address

SIGNATURE: SIGNATURE AND TYPED OR POSITION NAME OF SIGNING OFFICER OR DIRECTOR

0/26/96 954-961-0107