

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

**FILED**  
**Apr 21 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT #P96000009092**  
 1. Corporation Name  
**SILVER HAWK OF SOUTH FLORIDA, INC.**

Principal Place of Business Mailing Address  
**Gables One Tower, Ste. 821**  
**1320 South Dixie Highway**  
**Miami, Florida 33146**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		1-25-96			
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
23 City & State		28 City & State		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip		29 Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		30 Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>Daniel W. Raab, P.A.</b> <b>Gables One Tower, Ste. 821</b> <b>1320 South Dixie Highway</b> <b>Miami, Florida 33146</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Pres/Dir</b>	12 NAME	
STREET ADDRESS	<b>Cornell Wallace</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>Bailey Town</b>	14 CITY-ST-ZIP	
	<b>Bimini, Bahamas</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	22 NAME	
NAME	<b>VP/Dir</b>	23 STREET ADDRESS	
STREET ADDRESS	<b>Antonio Saunders</b>	24 CITY-ST-ZIP	
CITY-ST-ZIP	<b>Bailey Town</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>Bimini, Bahamas</b>	32 NAME	
TITLE	<input type="checkbox"/> DELETE	33 STREET ADDRESS	
NAME	<b>Sec/Treas/Dir</b>	34 CITY-ST-ZIP	
STREET ADDRESS	<b>Sharri Saunders</b>	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<b>Bailey Town</b>	42 NAME	
	<b>Bimini, Bahamas</b>	43 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	44 CITY-ST-ZIP	
NAME		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		52 NAME	
CITY-ST-ZIP		53 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	54 CITY-ST-ZIP	
NAME		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		62 NAME	
CITY-ST-ZIP		63 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	64 CITY-ST-ZIP	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

14. I do 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.

SIGNATURE: **CORNELL WALLACE** Cornell Wallace 4-17-97  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

*Handwritten signature and date: 4/21/97*

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