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

DOCUMENT # P96000031382

1. Corporation Name

SILVER AGE CENTER, INC.

Principal Place of Business

Mailing Address

7171 CORAL WAY, SUITE 500 MIAMI FL 33155

7171 CORAL WAY. SUITE 500 MIAMI FL 33155

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90027 002 ***150.00



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YERO, IMARA 7171 CORAL WAY, SUITE 500 MIAMI FL 33155 82 Street Address (P O Box Number is Not Acceptable) 83 84 City		9. Name and Address of Current	Registered Agent		Nama	10. Name and Address of New	Registered A	gent	
## Addition ### Addition #### Addition #### Addition #### Addition #### Addition #### Addition #### Addition ####################################	VER	O IMARA		*'	ivaine	EMARA YERO			
MIAMI FL 33155 84	10					ress (P.O. Box Number is Not Accept			
11. Pursuant to the provisions 607 0502 and 607 1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered digent, or both, in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered digent, and familiar purpose of changing its registered digent, and familiar purpose of changing its registered digent. I am familiar purpose of changing its registered digent and the fingleshold agent and their displacable. (NOTE Registered Agent signature required when rematicing) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE 14. OFFICERS AND DIRECTORS IN 12. ITILE 15. OFFICERS AND DIRECTORS IN 12. ITILE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE 15. OFFICERS AND DIRECTORS IN 12. ITILE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE 15. TILE 15. TILE	A4444 = 444=					ASI NOW GSTLEST	·		
T1. Pursuant to the provisions of Sections 607 6502 and 607 1509. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registrated office or registred 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, or both in the State of Florida Statutes. SIGNATURE SIGN	1411/-(1)	WI 1 E 00 100		83					
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, or hard marked the provided section 607.050S, Florida Statutory agent and marked appointment as registered agent, or hard agent and marked agent and marked appointment as registered agent, or hard agent and marked agent and marked agent and marked agent and marked agent adequated when remetating. 12. OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS IN 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. TIME				84	City /	MANI	FL	85 Zip C	182
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SIGNATURE Signature. Specific from Stringsteries Signature and little if application. (NOTE: Registered Agent signature required when rematiting) DATE	office or re	egistered agent, or both, in the State o	f Florida. Such change was auth	norized by	the corporat	tion's board of directors. I hereby acce	pt the appoin	tment as reg	gistered
Signature, hybrid formation and thirdigatered agent and title if approaches (NOTE: Registered Agent signature required when restation) DATE		MAXIXIX	4	a Oldibles.	•				
TITLE	SIGNATURE	Signature, typed of printed name or registered agent	and title if applicable. (NOTE: Re	egistered Agen	t signature requi	red when reinstating)	DATE		
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TITLE	NAME	YERO, IMARA		1.2 NAME	-	TMARA YERO.			i
TITLE	STREET ADDRESS	1320 SW 45 AVE.		1.3 STREET	ADDRESS	2811 DW Lastlest			ļ
TITLE	CITY-ST-ZIP	MIAMI FL 33134		1.4 CITY-\$1	r-ZIP	MUDNIFE 33182			
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CITY_ST_ZIP	NAME	GOMEZ, JORGE		2.2 NAME	}				
TITLE	STREET ADDRESS	7171 CORAL WAY, SUITE 500		2.3 STREET	ADDRESS				
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STATE FAUNCES	NAME			6,2 NAME					
A CITY OF THE	STREET ADDRESS			6,3 STREET	ADDRESS				-
	CITY-ST-ZIP			6.4 CITY-S1	r-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:

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/99 (305) 237-6/11

CR0E034 (41/98)

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