AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JUL 28 PM 2:02

DOCUMENT # P96000050090

1. Corporation Name

STERLING SILVER INC.

Principal Place of Business / Mailing Address

600 W. HILLSBORO BLVD SUITE 300
DEERFIELD BEACH FL

SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 6/12/96
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number
21 7040 W. PALMETTO PARK RD.	26 7040 W. PALMETTO PARK RD.	65-0673034 ☐ Applied For ☐ Not Applicable
Suite, Apt # etc: 22 BLDG. 4, SUITE 463	Suite, Apt # etc: 27 BLDG. 4, SUITE 463	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State: 23 BOCA RATON, FL	City & State: 28 BOCA RATON FL	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip: 24 33433 Country: 25 USA	Zip: 29 33433 Country: 30 USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SILVERMAN, STEVEN M.
600 W. HILLSBORO BLVD. SUITE 300
DEERFIELD BEACH, FL

10. Name and Address of New Registered Agent

81 Name: SILVERMAN STEVEN M.
82 Street Address (P.O. Box Number is Not Acceptable): 7040 W. PALMETTO PARK RD.
83: BLDG. 4, SUITE 463
84 City: BOCA RATON FL 85 Zip Code: 33433

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD SILVERMAN, STEVEN 562014 ARBOR CLUB WAY BOCA RATON FL 33433 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Add 600002251636--7 -07/29/97--01129--015 ****165.00 ****165.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE ↑ NOTE CORRECTION	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Add OR 7129
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Add

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; 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: Steven M Silverman STEVEN M. SILVERMAN 7/23/97 561-392-6679

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # — 0073544