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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DE ARTMENT OF STATE Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000065173 (2)

SILVERSTAR HOLDINGS CORPORATION

FILED Apr 18 1997 8:00am Secretary of State



Principal Place of Business Principal Place of Business Mailing Address 3399 AW 72 AVE. SUITE 114 MIAMI FL 33122 MIAMI FL 33122 MIAMI FL 33122					
1 12 12 12 12 12 12 12 12 12 12 12 12 12	•				Date of Last Report
6/15/2015		·		08/05/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Feo Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Bo
23		28		Trust Fund Contribution	Added to Fees
Złp	Country	Zip	Country	8. This corporation has liability for intangib	
24	25 9. Name and Address of Cu	29	30	Florida Statutes Yes	No.
On/C	RA, XAVIER I	ironi negistered Agent	81 Name	10. Name and Address of New Registere	# Agent
	NW 72 AVE, SUITE 114				
MIAMI FL 33122			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptáble)	
TIWMI			83		I
Ť				- · · · · · · · · · · · · · · · · · · ·	1
pr.			84 City	F	85 Zip Code
12.	OFFICERS PID	AND DIRECTORS	(NOTE: Registered Agent signature requirements) 13. 1.1 TRLE	Ind when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
NAME .	RIVERA, XAVIER I		1.2 NAME		· · ·
STREET ADDRESS	3399 NW 72 AVE, SUITE 11	14	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33122		1.4 CHY-ST-ZIP		
TITLE		L DELETE	2.1 1111.6		Change Additio
NAME			2.2 NAME		
STREET ADDRESS	·		2 3 STREET ADDRESS		
CITY-ST-ZIP		DELFTE	2 4 CNY+ST-ZIP 3.1 TITLE		Change Addition
NAME		01011E	3.2 NAME		ET Anguille
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. C/TY - \$1 - 7IP		
TITLE		DELFTE	4 1 11TLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 \$THEE1 ADDRESS		
CITY-SY-ZIP	· · · · · · · · · · · · · · · · · · ·		4.4 CITY+ST+7IP		
TITLE		☐ DELETE	5.1 11TeF		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CTY-ST-ZIP	······································	DOLL	5.4 CITY - ST - ZIF		
TITLE		☐ DELETE	61 TITLE		Change Addition
STREET ADDRESS			6.2 NAME		
(4.1			6.3 \$TREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

To 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 logal 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.