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

**PROFIT** CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OFISTATE

Sandra B. Mortham-

Secretary of State DIVISION OF CORPORATIONS

## 1998 DOCUMENT # P96000065173 (2)

SILVERSTAR HOLDINGS CORPORATION

Principal Place of Business Mailing Address 3399 NW 72 AVE. SUITE 114

**FILED** Feb 17 1998 8:00am Secretary of State

3399 NW 72 AVE. SUITE 114 MIAMI FL 33122 MIAMI FL 33122 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/05/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt #, etc 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 8, Election Campaign Financing Trust Fund Contribution 28 Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes X No Ζιp Country Country Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 61 RIVERA, XAVIER I 3399 NW 72 AVE, SUITE 114 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33122 вэ 84 City Zip Code 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 troth, 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 tamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE\_Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. DELETE Change Addition 1 1 TILLE TITLE RIVERA, XAVIER I 1.2 NAME NAME 3399 NW 72 AVE, SUITE 114 STREET ADORESS 13 STREET ADDRESS MIAMI FL 33122 CITY-ST-7IP 1.4 CITY-ST-ZIP ☐ Change ☐ Addition DELETE 2.1 1ITLE TITLE 2.2 NAME NAME & 2 3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 41 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-SI-76 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5 1 TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE NAME 6.2 NAME R 3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP

14. Thereby 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 amount 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:

Passiffent

lus. 8,1998 (3.5) \$97-9445