

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 11 1997 8:00am
Secretary of State

DOCUMENT # P96000076195 (2)

1. Corporation Name
SILVERTECH, INC.



Principal Place of Business TWO SOUTH BISCAYNE BLVD. STE 2975 MIAMI FL 33131		Mailing Address TWO SOUTH BISCAYNE BLVD. STE 2975 MIAMI FL 33131-1802		3. Date Incorporated or Qualified 09/12/1996		3a. Date of Last Report	
2. Principal Place of Business 21 25 SE 2nd Avenue Suite, Apt. #, etc. 22 # 529 City & State 23 Miami, Florida Zip 24 33131 Country 25 USA		2a. Mailing Address 26 25 SE 2nd Avenue Suite, Apt. #, etc. 27 # 529 City & State 28 Miami, Florida Zip 29 33131 Country 30 USA		4. FEI Number 65-0693401 Applied For Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent MACDANIEL, JOHN M ESQ. ONE BISCAYNE TOWER STE 2975 TWO SO. BISCAYNE BLVD. MIAMI FL 33131				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE PRESIDENT NAME GUSTAVO M. A. PRATA STREET ADDRESS 25 SE 2nd Avenue Suite 529 CITY-STATE-ZIP MIAMI - FL - 33131				1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP				2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP				3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP				4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP				5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP				6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-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)(f), 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.				Bank Dep \$ 173.75			
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				x(305) 378-4790 0172897			