

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

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Jun 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthum Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000008524 (5)

1. Corporation Name

SILVER SHEARS OF MIAMI, INC.

Principal Place of Business

2560 SERVICE ROAD
OPA-LOCKA FL 33054

Mailing Address

2560 SERVICE ROAD
OPA-LOCKA FL 33054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1997

FEIN#

65-0726845

4. FEI Number

209000219480

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

MOORE, EDDIE
2560 SERVICE ROAD
OPA-LOCKA FL 33054

10. Name and Address of New Registered Agent

81 Name Don HARRISON

82 Street Address (P.O. Box Number is Not Acceptable)

1950 SW 106th Ave

83 MIAMI

84 City

FL

85 Zip Code

33025

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

3/9/98

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	MOORE, EDDIE
STREET ADDRESS	3242 NORTHWEST 203RD STREET
CITY-ST-ZIP	MIAMI FL 33055
TITLE	D
NAME	NICHOLAS, TOM
STREET ADDRESS	6940 NORTHWEST 186TH ST.
CITY-ST-ZIP	MIAMI FL 33015
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D
1.2 NAME	Eddie M. Moore
1.3 STREET ADDRESS	16766 N.W. 18th Ave
1.4 CITY-ST-ZIP	MIAMI, FL 33056
2.1 TITLE	
2.2 NAME	Tom Nicholas
2.3 STREET ADDRESS	6940 N.W. 186th St
2.4 CITY-ST-ZIP	MIAMI, FL 33015
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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.

SIGNATURE:

Eddie M. Moore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2/98 (305) 687-9446

Date Daytime Phone # 0146720

CR2E034 (10/97)