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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 14 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT #

CITY-ST-ZIP

P97000026884 (1)

SILVER LAKES REAL ESTATE GROUP, INC.

Principal Place of Business Mailing Address 1 SE 3RD AVE., STE. 960 1 SE 3RD AVE., STE. 960 MIAMI FL 33131 MIAMI FL 33131 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/25/1997 2, Principal Place of Business 2a. Mailing Address 4. DEI Number Applied For 1*08P2E*0-70 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Fiegistered Agent 9. Name and Address of Current Registered Agent 81 Name ROZENCWAIG, LESLIE A 1 SE \$RD AVE., STE. 960 R2 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33131 83 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 both, in the State of Elorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Blonda Statutes 4/3/98 SIGNATURE (NOTE Registered Agent signature required when reinstating) name of requitered agent and title if applicable 712. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change Addition Preside-1 NAME 1.2 NAME Ontonio H. Work STREET ADDRESS 1.3 STREET ADDRESS MEMILAKES FI 33014 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition Vice President TITLE 21 TITLE JOSE A. OCCASITAND, M.D. 2.2 NAME 6600 (OWPEN ROAD, SIE 300 STREET ADDRESS 2.3 STREET ADDRESS miami LAKES, FI 35014 CITY-\$1-ZIP 2.4 CITY-ST-ZIP DELETE SEC REHAM Change Addition TITLE 3.1 TITLE NAME 3.2 NAME HAROLD HUIDD.D.S. LOWED COWPEN ROAD, STE 300 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP MIRM LAKES, E1 33014 CITY-ST-ZIP Change DELFTE Addition TITLE 4.1 TITLE Treasurer JUAN CASTILL PLAZA, M.D. NAME 4. 2 NAME CIGOO COMPEN POAD SIE 300 STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP 33014 DELETE Change ___ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS

6.4 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 annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal offect 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.