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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000071706 (0)

Principal Place of Business	Mailing Address		
5154 NW 113 AVE MIAMI FL 33178	5154 NW 113 AVE MIAMI FL 33178		

FILED May 04 1998 8:00am Secretary of State

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·	e of Business	Mailing Address			
5154 NW 11: MIAMI FL 33		5154 NW 113 AVE MIAMI FL 33178			
				DO NOT WRITE IN TH	IIS SPACE
				08/19/1997	Í
2. Principal P	Place of Business	2a. Mailing Address	<u> </u>	4 FELNumber	Applied For
21		26		65-0785605	Not Applicable
Suite, Apt.	₩, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & Stat	lθ	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
23 Zip	Country		Country		Added to Fees
24	25	——————————————————————————————————————	30	This corporation owes or has paid the Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre			10. Name and Address of New Register	
SC	CHARFMAN, B. LESUE		81 Name	RIA- DO TOURISTA	
39	EAST 6TH STREET		82 Street Add	ress (P.O. Box Number is Not Acceptable)	······································
HI	ALEAH FL 33010		515	4 NW. 113 AUTE.	
			63		
			84 City		L 85 Zip Code 33178
44 Durawani	to the conditions of Sections 607.067	02 and 607 1509. Elorida Ctatute	the shows pamed cover	acception submits this statement for the purpose	L 33,78
office or a	registered agent or both in the State	o of Florida, Such channe was a	uthorized by the corootal	tion's board of directors. Thereby accept the	appointment as registered
Unice or a		ional oddir change was a	Silverizon by the corpora	morro badia or ambatara. Trialoby dagoopt bio	1,13
	im familiar with, and accept the oblig	ations of Section 607.0505, Flo	rida Statutes.	poration submits this statement for the purposition's board of directors. I hereby accept the	198
agent. I d	Im familiar with, and accept the oblig- Signature, typed to periffed name of registered ay	/ IZURIEN	rida Statutes. DRUND Registered Agent signature requi	Mes-Deut. Oll 2+	198
SIGNATURE	Signature, typed a serrifed name of regulared asy OFFICERS AN	real and trie if applicable (NOTE	Plagistered Agent signature requi	Mes-Deut. Oll 2+	AND DIRECTORS IN 12
SIGNATURE 12. THLE	Signature, hypod beantifed name of requirered au OFFICERS AN	イマル ETI oldeside if applicable (NOTE	ORLIND Registered Agent signature requi	ired when reinstating) DAT	<i>t to</i>
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indicated on this annual report or supplied with this ming does not quality for the exemption stated in Section 119.07(3)(f). Florida Statutes. I further certify that the information indicated on this 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:

0/27/98 355 5139349