


**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90111 004 \*\*\*158.75

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000089907**

1. Corporation Name  
**SILVER GROUP, INC.**

Principal Place of Business 17705 SOUTHWEST 218 STREET MIAMI FL 33170	Mailing Address 17705 SOUTHWEST 218 STREET MIAMI FL 33170
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/22/1998	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 05-0876254		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip	28 Zip	Country		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>AMERILAWYER</b> <b>343 ALMERIA AVENUE</b> <b>CORAL GABLES FL 33134</b>		10. Name and Address of New Registered Agent	
		81 Name <b>AURELIO A. PIEDRA</b>	85 Zip Code <b>33126</b>
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83 <b>780 N.W. Le Jeune Rd #516</b>	
		84 City <b>MIAMI</b>	85 State <b>FL</b>

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/7/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PVST	<input type="checkbox"/> DELETE	1.1 TITLE VP, S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RUIZ, VIVIAN		1.2 NAME RUIZ, VIVIAN	
STREET ADDRESS 17705 SOUTHWEST 218 STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33170		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE 17705 S.W. 218	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RUIZ, VIVIAN		2.2 NAME	
STREET ADDRESS 17705 SOUTHWEST 218 STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33170		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE P.T.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME ORLANDO RODRIGUEZ	
STREET ADDRESS		3.3 STREET ADDRESS 17705 S.W. 218 STREET	
CITY-ST-ZIP		3.4 CITY-ST-ZIP MIAMI, FL 33170	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VIVIAN RUIZ

1/7/97

Daytime Phone #

CR2E034 (1/98)