


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90196 013 \*\*\*150.00

DOCUMENT # P98000094257  
1. Entity Name  
SILVERADE LIMITED, INC.



**DO NOT WRITE IN THIS SPACE**

**10062788**

2. Principal Place of Business 701 Brickell Avenue Suite, Apt. #, etc. Suite 1650 City & State Miami, Florida Zip 33131 Country U.S.A.		3. Mailing Address 701 Brickell Avenue Suite, Apt. #, etc. Suite 1650 City & State Miami, Florida Zip 33131 Country U.S.A.	
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DO NOT WRITE IN THIS SPACE

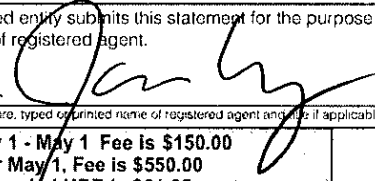
4. FEI Number 52-2221795	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO-NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name James M. Meyer, Esq.
Street Address (P.O. Box Number is Not Acceptable) 701 Brickell Avenue Suite 1650
City Miami FL Zip Code 33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 4/7/2003

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD - Sebastiao Fogaca de Aguiar 21 Grand Bay Estates Circle Key Biscayne, Florida 33149	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  03-21-03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)