

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S14196** (7)

1. Corporation Name

**SILVER GARDENS DEVELOPMENT, INC.**



Principal Place of Business

Mailing Address

~~10111 W. OKEECHOBEE RD.~~  
**HIALEAH GARDENS FL 33016**  
**US**

**15476 N.W. 77 COURT**  
**#338**  
**MIAMI LAKES FL 33016**  
**US**

2. Principal Place of Business

21 **10111 W. OKEECHOBEE RD**

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARQUEZ, JOSE M.**  
**780 N.W. LEJEUNE ROAD**  
**SUITE 400**  
**MIAMI FL 33126**

81 Name

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

**782 N.W. LEJEUNE ROAD**

83

**SUITE 400**

84 City

**FL**

85 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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUERRA, ARMANDO J.</b>	1.2 NAME	
STREET ADDRESS	<b>8450 S.W. 48TH ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUERRA, ALBERTO</b>	2.2 NAME	
STREET ADDRESS	<b>241 CAPE FLORIDA DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KEY BISCAYNE FL</b>	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAIME, CAMILO M.</b>	3.2 NAME	
STREET ADDRESS	<b>15476 NW 77TH CT STE 338</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI LAKES FL</b>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBLES, JESUS</b>	4.2 NAME	
STREET ADDRESS	<b>15476 NW 77TH CT STE 338</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI LAKES FL</b>	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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CAMILLO M. JAIME**

**PRESIDENT**

**1/19/96**

**(305) 826-1000**

Date

Daytime Phone #

CR2E034 (12/95)