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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S16054

(6)

Mailing Address

6065 N.W. 187TH ST.

MIAMI FL 33015-4315

SILVER HAWK, INC.

Principal Place of Business

8085 N.W. 167TH ST.

MIAMI FL 33015

#8-19

FILED Apr 22 1997 8:00am Secretary of State 3. Date Incorporated or Qualified 38. Date of Last Report 12/03/1990 04/29/1996 4. FEI Number Applied For 65-0280760 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Yes X No Florida Statutes 10. Name and Address of New Registered Agent Zin Code ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)Change Addition Addition Change Change Addition

2. Principal Prace of Business 2a. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 22 City & State City & State 23 28 Zip Country $Z_{\rm ID}$ Country 30 24 29 9. Name and Address of Current Registered Agent Name BATARSE, JOSE ENRIQUE 6065 N.W. 167TH ST. Street Address (P.O. Box Number is Not Acceptable) **#B-19** 83 **MIAMI FL 33015** 84 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 it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTF: Registered Agent signature required when reinstating) Signature: typed or printed name of registered agent and bod if applicable 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE THEF BATARSE, JOSE ENRIQUE 1.2 NAME 6065 N.W. 167TH ST #B-19 1.3 STREET ADDRESS STREET LADDIRESS MIAMI FL 1.4 DiTY-ST-ZIP CHY \$1-26 DELETE 21 TITLE Tellif 2.2 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CITY+ST-ZIP ONY ST-749 DELETE 3 1 TITLE TILE 32 NAME HAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CPY-ST-ZP DELETE Change Addition 4.1 TITLE Toll, F 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CHTY - 51 - 74P DELETE Change Addition 5.1 TITLE Till: F 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP COLY - ST - ZIP DELETÉ Addition 6.1 TITLE THE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP COY-SE ZIP

14. Ido neretry 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 receiper 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 PRINT