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 # **S63894** **(7)**

1. Corporation Name

SILBERPFEIL INCORPORATED

Principal Place of Business	Mailing Address
801 BRICKELL AVE 14TH FLOOR MIAMI FL 33131	801 BRICKELL AVE 14TH FLOOR MIAMI FL 33131

3. Date Incorporated or Qualified: **07/01/1991**
3a. Date of Last Report: **02/15/1995**

2. Principal Place of Business
21: 5201 Blue Lagoon Drive
22: Suite 100
23: Miami, Florida
24: 33126
25: Country

2a. Mailing Address
26: 5201 Blue Lagoon Drive
27: Suite 100
28: Miami, Florida
29: 33126
30: Country

4. FEI Number: **65-0275188** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SKOLA, THOMAS J.
801 BRICKELL AVE
14TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: SKOLA, THOMAS J.
82 Street Address (P.O. Box Number is Not Acceptable): 5201 Blue Lagoon Drive
83: Suite 100
84 City: Miami FL 85 Zip Code: 33126

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] DATE: 1/30/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT BOYD, AQUILINO B. 801 BRICKELL AVE 14TH FL MIAMI FL	☐ DELETE	PT BOYD, AQUILINO B. 5201 Blue Lagoon Drive, Suite 100 Miami, Florida	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PORRAS DE BOYD, TERESA 801 BRICKELL AVE 14TH FL MIAMI FL	☐ DELETE	S PORRAS DE BOYD, TERESA 5201 Blue Lagoon Drive, Suite 100 Miami, Florida	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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] Feb. 14 - 1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

President

CR2E034 (12/95)