

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 20 PM 1:55

DOCUMENT # S94482

(4)

1. Corporation Name

SILVER ELECTRONICS CORPORATION

Principal Place of Business

P.O. BOX 800502
MIAMI FL 33280

Mailing Address

P.O. BOX 800502
MIAMI FL 33280

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

24

30

Zip

9. Name and Address of Current Registered Agent

N
GRUNBLATT, BORIS
20185 E. COUNTRY CLUB DRIVE
APT 1007
MIAMI FL 33180

81. Name

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

83

84. City

FL 85. Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1500, 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 renewing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME GRUNBLATT, BORIS
STREET ADDRESS 20185 EAST COUNTRY CLUB DRIVE #1007
CITY-ST-ZIP NORTH MIAMI BEACH FL

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Boris Grunblatt 3/8/95

Date

Daytime Phone #

0459337 FP