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Apr 23 1997 8:00am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S98037 (2)			
1. Corporation Name SILVEN, CORP.			
Principal Place of Business 5770 MIDNIGHT PASS RD. SUITE 303C SARASOTA FL 34242 US		Mailing Address 5770 MIDNIGHT PASS RD. SUITE 303C SARASOTA FL 34242-3038	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent LAWRENCE H. PAOLI C.P.A. 143 E.MAIN AVE VENICE FL 34285		10. Name and Address of New Registered Agent 81 Name LAWRENCE H. PAOLI C.P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 209 NASSAU STREET SO. #104 83 84 City VENICE FL 85 Zip Code 34285	
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 <i>Lawrence H. Paoli</i> DATE 2-1-97 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS TITLE D <input type="checkbox"/> DELETE NAME VENCHIARUTTI, SILVIO STREET ADDRESS 5770 MIDNIGHT PASS RD. CITY - ST - ZIP SARASOTA FL TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	
14. I do hereby 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 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: <i>S. VENCHIARUTTI</i> DATE Apr 15/97 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CR2E034 (9/96)

941-349-2637
905-820-0723

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