	OFIT SE	FLORIDA DEP.					
	DRATION L REPORT	1.11	a B. Morthar stary of State				
	996	VTIONS					
OCUMENT # V03869 (7) Corporation Name RONALD SILVER, P.A.							
HUNALU	Silven, P.A.						
Principal Place of Business Mailing Address					E IMBII Dijāri Daina ritāt latina atrija	IBII AIBII AIBII AIG	AIRT AIRT STAIL IST.
111 SANS SOVODOR. 111 SANS SOVODOR. 111 SANS SOVODOR. CORAL GABLES FL 33133							
OUNE ONDEED	SOUCI	\ _s	اهي د	l	3. Date Incorporated or Qualified 01/03/1992	3a. Date of I	ast Report /1995
. Principal Place		28. Mailing Address			4. FEI Number		Applied For
		26			65-0302867	<u> </u>	Not Applicable 8.75 Additional
Suite, Apt. #, 6	etc.	Suite, Apt #. etc.			5. Certificate of Status Desired		Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
7	Country	28 Zip	Co	untry	8. This corporation has liability for		
Zip	25	29	30		Florida Statutos Yes 10. Name and Address of New I	No No	ont
	9. Name and Address of C			81 Name			
SILVER, R	ONALD	Colle		82 Street Add	ress (P.O. Box Number is Not Accepta	ble)	
111 SANS	SOVOI DR.	SOUCI		83			
CORAL G	ABLES FL 33133			84 City			85 Zip Code
		1007 1500 Fly do Cto	t too the all	nove paged corpo	ration submits this statement for the pured of directors. I hereby accept the ap	FL prose of chang	ing its registered office
Pursuant to or registered	the provisions of Sections 607 diagent, or both, in the State of	7,0502 and 607,1506, Florida Sta of Florida Such change was autho f, Section 607,0505, Florida Statu	orized by the ites.	corporation's boa	ration submits this statement for the plant of directors. Thereby accept the app	pointment as reg	gistered agent. I am
tam liar with					man di	DATÉ	
NOT WELLED		and the second s	ANALYSIS ALL AND DOS	ad Agent signature regim	(4) Mules sense as id		
SIGNATURE	Ignature, typed or printed han a of regular		13		ADDITIONS/CHANGES TO OF		
SIGNATURE SI		RS AND DIRECTORS	13	TITLE	ADDITIONS/CHANGES TO OF		RECTORS IN 12 Change Addit on
SIGNATURE. SI 12.	OFFICER D SILVER BONALD	RS AND DIRECTORS DELETE	13 1.1	TIFLE NAME			
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6335REEF ADDRESS
64 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 certify that I am an officer or director of the corporation or the receiver or trusted 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 altrachment with an address

SIGNATURE:

SIGNATURE AND TYPEO ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

Onto