SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

RONALD SILVER, P.A.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # V03869

FILED Aug 09, 1999 8:00 am Secretary of State

08-09-1999 90002 045 ***150.00



Principal Place	of Business	Mailing Address				E 1811 91611 91911 919	(, 6,6,, 6,6,, 6,6,, 6,6,
111 SANS SOU	=	111 SANS SOUCI DRIVE					
CORAL GABLES FL 33133 US		CORAL GABLES FL 33133 US		DO NOT WRITE IN THIS SPACE			
ŲS		-1		3. Date Incorporated or Qualified			
		C/o Mary Che	eaner	Ú	01/03/1992		
2. Principal P	lace of Business	2a. Mailing Address		1.	4. FEI Number		Applied For
21		26 16855 NE	: 22 n	d Due	65-0302867		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		8.75 Additional
22		27 304			5. Certificate of Status Desired		Fee Required
Clty & Stat	9	City & State	· D	١ .	6. Election Campaign Financing		55.00 May Be
23		28 Worth hau		<u>aen</u>	Trust Fund Contribution		Added to Fees
Zip	Country	- Zip33167 -	Country	- : An	8. This corporation owes the curre		
24	25	29 0 3100 30	FL	orida	Intangible Personal Property. 10. Name and Address of New R	Ye:	
	9. Name and Address of Current	Registered Agent	81	Name	To. Name and Address of New K	egistered Ager	
SILVE	ER, RONALD						
	SANS SOUCI DRIVE		82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)	
	AL GABLES FL 33133		83		· · · · · · · · · · · · · · · · · · ·		
							7 7 0 4
			84	City		FL 85	Zip Code
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, typed or printed name of registered agent			ent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DECTORS IN 12
TITLE	OFFICERS AND		13. 1.1 TITLE		ADDITIONS/CHANGES TO OFF	<u> </u>	
	_	DELETE	1.2 NAME				Change Addition
NAME			1.3 STREET	ADDRESS			ن ا
STREET ADDRESS	00041 045150 51 00400					•	8
CITY-ST-ZIP	CONAL GABLES FE 33 133	DELETE	1.4 CITY-ST- 2.1 TITLE	-ZIF			Change Addition
NAME		CT DECEIE	2.2 NAME			٧١	Alange Addition
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			2.4 CITY-ST				
CITY-ST-ZIP		DELETE	3.1 TITLE				Change Addition
NAME		- Derese	3.2 NAME				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
STREET ADORESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST				
TITLE	<u> </u>	DELETE	4.1 TITLE	-		\Box	Change Addition
NAME			4.2 NAME]
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST				
TITLE		DELETE	5.1 TITLE			П	Change Addition
NAME		— L	5.2 NAME				· —
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-				
TITLE		DELETE	6.1 TITLE				Change Addition
NAME			6.2 NAME				· —
STREET ADDRESS		•	6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-	.ZIP			
44 1 5 5 5 5 5 5 5	atification to the desired with	this files days and availed for the			ion 110 07(2)(i) Florido Statutos I fud	bor ontify that th	no information

receipt certify that the information supplied with this filling does not quality for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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:

Daytime Phone #

V03869 602622-90002-45

Division of corporations Annual Reports fillings PO Box 1500 Tallahassee FI.3332302-1500

Thursday, July 22, 1999

Ref: 65-0302867

Because of my mailing address change I never receive the first notice.

After speaking to your service on the phone, I am mailing you as they told me to the 2nd notice and the filling fee for \$150.

Thank you very much for your attention in the matter.

Sincerely,

Ronald Silver, P.A