SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:58

DO NOT WRITE IN THIS SPACE

DOCUMENT # V53172 (5)

1. Corporation Name
SILVERBELLES, INC.

Principal Place of Business
880 SAN PEDRO AVE.
CORAL GABLES FL 33156

Mailing Address
880 SAN PEDRO AVE.
CORAL GABLES FL 33156

3. Date Incorporated or Qualified: 07/23/1992
3a. Date of Last Report: 03/10/1994
4. FEI Number: 65-0346871 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. ☐ $5.00 May Be Added to Fees
8. This corporation has ... Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21, Suite, Apt. #, etc. 22, City & State 23, Zip 24, Country 25
2a. Mailing Address — 26, Suite, Apt. #, etc. 27, City & State 28, Zip 29, Country 30

9. **Name and Address of Current Registered Agent**

LANE, JULIA ANN
880 SAN PEDRO AVE.
CORAL GABLES FL 33156

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LANE, JULIA ANN
STREET ADDRESS	880 SAN PEDRO AVE.
CITY ST ZIP	CORAL GABLES FL
TITLE	D
NAME	LANE, CAROL ANN
STREET ADDRESS	880 SAN PEDRO AVE.
CITY ST ZIP	CORAL GABLES FL
TITLE	D
NAME	MELISSA ANN LANE
STREET ADDRESS	880 San Pedro Ave.
CITY ST ZIP	Coral Gables, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ☐ Change ☐ Addition (blank)

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)(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: Carol Ann Lane 6/26/95 (305) 665-5613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Carol Ann Lane

CR2E034 (3/95)