| 2020 | NOT FOR | PROFIT | CORPORATION | ANNUAL REPORT | |
|------|---------|--------|-------------|---------------|--|
| 2020 | | | | | |

DOCUMENT# N0000008496

Entity Name: GLORIA M. SILVERIO FOUNDATION, INCORPORATED

Current Principal Place of Business:

6955 NW 77TH AVE SUITE 302 MIAMI, FL 33166

Current Mailing Address:

6955 NW 77TH AVE SUITE 302 MIAMI, FL 33166 US

FEI Number: 65-1075409

Name and Address of Current Registered Agent:

SILVERIO, NICHOLAS E 6955 NW 77TH AVE SUITE 302 MIAMI, FL 33166 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

| | Title | D/PT | Title | TREASURER | | |
|-----------------|-----------------|-----------------------------|-----------------|--------------------------------------|--|--|
| | Name | SILVERIO, NICK E | Name | SMITH,JR., CHARLES G | | |
| | Address | 6955 NW 77TH AVE., STE. 302 | Address | 5820 N.W. 84TH AVE | | |
| | City-State-Zip: | MIAMI FL 33166 | City-State-Zip: | MIAMI FL 33166 | | |
| | Title | DIRECTOR | Title | DIRECTOR | | |
| | Name | MEDINA, FRANCISCO DR. | Name | SORA, EFRAIN E. | | |
| | Address | 2080 S.W. 59TH PLACE | Address | 9100 S. DADELAND BLVD. SUITE 1500 | | |
| | City-State-Zip: | PLANTATIONDAVIE FL 33317 | City-State-Zip: | MIAMI FL 33156 | | |
| | Title | DIRECTOR | Title | DIRECTOR | | |
| | Name | DELGADO, HENRY | Name | DROZD III, OTTO | | |
| | Address | 1 WASHINGTON AVENUE | Address | ORANGE COUNTY FIRE RESCUE | | |
| | City-State-Zip: | MIAMI BEACH FL 33139 | | 6590 AMORY COURT | | |
| | Title | DIRECTOR | City-State-Zip: | WINTER PARK FL 32792 | | |
| | Name | HURTAK, JEROME | Title | DIRECTOR | | |
| Address | Address | 10800 BISCAYNE BLVD. | Name | ROMERO, JULIA R. | | |
| City-State-Zip: | | SUITE 520 MIAMI FL 33161 | Address | 6955 NW 77TH AVE SUITE 302 | | |
| | | | City-State-Zip: | MIAMI FL 33166 | | |
| | | | | | | |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

| SIGNATURE: | NICK SILVERIO | D/PT | 01/19/2020 |
|------------|---------------|------|------------|
| | | | |

Electronic Signature of Signing Officer/Director Detail

FILED Jan 19, 2020 Secretary of State 0461182130CC

Certificate of Status Desired: Yes

Date

Date