

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90220 002 \*\*\*150.00

DOCUMENT # **382504**

1. Corporation Name  
**PINO'S WINDOW CORPORATION**

Principal Place of Business  
**%-NESTOR MORALES-**  
2450 SW 137TH AVE. S-221  
MIAMI FL 33175

Mailing Address  
2450 SW 137 AVE  
221  
MIAMI FL 33175  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/20/1971**

4. FEI Number

**59-1353507**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business  
21 6860 N W 75th STREET

2a. Mailing Address  
26 6860 N W 75th STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 MEDLEY FL

28 MEDLEY FL

Zip Country  
24 33166-2549 25 USA

Zip Country  
29 33166-2549 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PINO, LEOPOLDO**  
1901 HAMMOND DRIVE  
MIAMI SPRINGS FL 33166

81 Name  
**PINO, LEOPOLDO**

82 Street Address (P.O. Box Number is Not Acceptable)  
**6860 N W 75th STREET**

83

84 City  
**MEDLEY FL 33166-2549**

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **PDT**  
STREET ADDRESS **PINO, LEOPOLDO**  
CITY-ST-ZIP **1901 HAMMOND DRIVE**  
**MIAMI SPGS FL**

TITLE ☐ DELETE  
NAME **SD**  
STREET ADDRESS **PINO, MARIO**  
CITY-ST-ZIP **3 CIRCLE DR.**  
**HIALEAH FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME **PDT**  
1.3 STREET ADDRESS **PINO, LEOPOLDO**  
1.4 CITY-ST-ZIP **6860 N W 75th STREET**  
**MEDLEY FL 33166-2549**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/08/99 305-888-9946

0251507

CR2EC34 (11/98)