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PROFIT CORPORATION ANNUAL REPORT



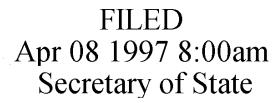
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT # 640673**

(0)



1. Corporation Name NEW HIGH GLASS, INC. Principal Place of Business 12713 S.W. 125TH AVENUE MIAMI FL 33186-5422 MIAMI FL 33186-5422 MIAMI FL 33186-5422						
				3. Date Incorporated or Qualified 08/29/1979	3a. Date of Last I 02/26/1996	Report
	Place of Business	26. Mailing Address	····	4. FEI Number 59-1933707	 	pplied For
1 Suite, Ar	ot. #, etc.	Suite, Apt #, etc.		Certificate of Status Desired	\$8.75	ot Applicable Additional
City & St	tato	City & State			Fee R	equired
3	(cita	28		6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Country	8. This corporation has liability for		s. 199.032,
4	25 9. Name and Address of Curr	ent Registered Agent	30	Florida Statutes 10. Name and Address of New Re	Yes No	
IS	SICOFF, ERIC D ESQ.	ON HOSTON AGENT	81 Name	(0. 111110 0110 1110 1110 1110	9	
1101 BRICKELL AVENUE			62 Street Ac	dress (P.O. Box Number is Not Acceptate	ole)	
SUITE 800			83			
М	IIAMI FL 33131		63			
			84 City		FL 85 Zip	Code
SIGNATURI 2. IILE	Signature bjood or punted name of registered a OFFICERS A PD	agent and title if applicable. (NO: ND DIRECTORS DELETE	E: Registered Agent signature re	quired when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTO Change	RS IN 12
IAME Treet adores Ity-se-zip	RACCA, ENRICO 10315 S W 114 CT MIAMI, FL 33176		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP			
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ame Trent adores Pty- St-Zip	FAVRIN, ANTONIO FOSSALTA DE PORTOGRUA PROVINCE OF VENEZIA000		2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	£.		
TLE	\$	DELETE	31 TITLE		Change	☐ Additio
AME	FIGUERA, MARY N.	•	3.2 NAME			
TREET ADDRES	12713 SW 125TH AVENUE MIAMI FL		3.3 STREET ADDRESS			
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iami Itreet addres	is		5.3 STREET ADDRESS			
111Y-ST-21P			5.4 CITY-ST-ZIP			
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IA V IE			6.2 NAME			
TREET ADDRES	SS)		6.3 STREET ADORESS			
			6.4 CITY-ST-ZIP			

14. I do 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 Brock 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: