


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 PM 1:43

DOCUMENT # **F37372 (2)**

1. Corporation Name
SUN AIR WINDOWS & INSTALLATION INC.

Principal Place of Business Mailing Address

10760 NW 42 AVENUE MIAMI FL 33055 **16760 NW 42 AVENUE MIAMI FL 33055**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/08/1981	3a. Date of Last Report 03/16/1994
21		26		4. FEI Number 59-2108479	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	


9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LANZ, EDUARDO D 16760 NW 42 AVE. MIAMI FL 33055				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			B5

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 _____ DATE _____
Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registered.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIAZ, EMELINA	1.2 NAME	DIAZ, EMIL
STREET ADDRESS	16760 NW 42 AVENUE	1.3 STREET ADDRESS	16760 NW 42 AVENUE
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI FL
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMERICK DIAZ	2.2 NAME	
STREET ADDRESS	16760 NW 42 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVERETT DIAZ	3.2 NAME	
STREET ADDRESS	16760 NW 42 AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, EDUARDO M JR	4.2 NAME	
STREET ADDRESS	16760 NW 42 AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, EDMUNDO O	5.2 NAME	
STREET ADDRESS	16760 NW 42 AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	PD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANZ, EDUARDO D	6.2 NAME	
STREET ADDRESS	16760 NW 42ND AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

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(4)(c), 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 in an attachment with an address.

SIGNATURE:  **EDUARDO D. LANZ** 01-12-95

SIGNATURE AND TITLE OR POSITION (NAME OF DIRECTOR, OFFICER OR DIRECTOR)