

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Merham
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.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business: **16760 NW 42 AVENUE MIAMI FL 33055**
Mailing Address: **16760 NW 42 AVENUE MIAMI FL 33055**

3. Date Incorporated or Qualified: **06/08/1981**
3a. Date of Last Report: **03/16/1994**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

4. FEI Number: **59-2108479**
Applied For: Not Applicable

Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **23** City & State: **28**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
Trust Fund Contribution:

Zip: **24** Country: **25** Zip: **29** Country: **30**

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**LANZ, EDUARDO D
16760 NW 42 AVE.
MIAMI FL 33055**

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 _____

(Signature, type or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when recertifying)

DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	DIAZ, EMELINA
STREET ADDRESS	16760 NW 42 AVENUE
CITY - ST - ZIP	MIAMI FL
TITLE	SD
NAME	EMERICK DIAZ
STREET ADDRESS	16760 NW 42 AVE
CITY - ST - ZIP	MIAMI FL
TITLE	SD
NAME	EVERETT DIAZ
STREET ADDRESS	16760 NW 42 AVE
CITY - ST - ZIP	MIAMI FL
TITLE	SD
NAME	DIAZ, EDUARDO M JR
STREET ADDRESS	16760 NW 42 AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	SD
NAME	DIAZ, EDMUNDO O
STREET ADDRESS	16760 NW 42 AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	PD
NAME	LANZ, EDUARDO D
STREET ADDRESS	16760 NW 42ND AVE
CITY - ST - ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DIAZ, EMIL	
1.3 STREET ADDRESS	16760 NW 42 AVENUE	
1.4 CITY - ST - ZIP	MIAMI FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 (1)(7)(b), 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
SIGNATURE AND TITLE OF REGISTERED AGENT OF FORMING OFFICER OR DIRECTOR

EDUARDO D. LANZ

01-12-95

Date

Division File #