

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

**FILED**  
**Apr 09, 1999 8:00 am**  
**Secretary of State**

04-09-1999 90039 019 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F67924**  
 1. Corporation Name  
**AMERICAN BLIND CORPORATION**



Principal Place of Business % REGINO RODRIGUEZ 4220 SW 75TH AVENUE MIAMI FL 33155	Mailing Address % REGINO RODRIGUEZ 4220 SW 75TH AVENUE MIAMI FL 33155
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified <b>02/12/1982</b>	
4. FEI Number <b>59-2183455</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**RODRIGUEZ, ROLANDO**  
**4441 LEJEUNE RD**  
**MIAMI FL 33146**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input checked="" type="checkbox"/>
NAME	RODRIGUEZ, REGINO	
STREET ADDRESS	6327 SW 127 PL	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/>
NAME	RODRIGUEZ, ROLANDO	
STREET ADDRESS	4441 LEJEUNE ROAD	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/>
NAME	SANCHEZ, JESUS	
STREET ADDRESS	20203 NW 39TH COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	Trustee	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	REGINO RODRIGUEZ		
1.3 STREET ADDRESS	6327 SW 127 PL		
1.4 CITY-ST-ZIP	MIAMI FL		
2.1 TITLE	PRESIDENT - TREASURER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Rolando Rodriguez		
2.3 STREET ADDRESS	4441 LEJEUNE RD.		
2.4 CITY-ST-ZIP	MIAMI FL 33146		
3.1 TITLE	VICE-PRESIDENT - SECRETARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	JESUS SANCHEZ		
3.3 STREET ADDRESS	7101 SW 82 CT		
3.4 CITY-ST-ZIP	MIAMI FL 33143		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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

1/26/99 305-262-2009  
Date Daytime Phone #

CR2E034 (11/98)