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Mar 02 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000031995 (2)

1. Corporation Name  
TROPICAL STORM SHUTTERS, INC.

Principal Place of Business 4300 SW 73 AVE 103A MIAMI FL 33166 US	Mailing Address 4300 SW 73 AVE 103A MIAMI FL 33166 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4300 SW 73 AVE Suite, Apt. #, etc. 22 103 A City & State 23 MIAMI - FLA Zip 24 33155 Country 25 Miami Dade	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 05/03/1993 4. FEI Number 65-0407412 Applied For Not Applicable 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
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9. Name and Address of Current Registered Agent VENTURA, ENRIQUE J ESO 28 W FLAGLER ST SUITE 500 MIAMI FL 33130	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	
NAME	RAMOS, ESTEBAN O	1.2 NAME	
STREET ADDRESS	13410 S.W. 4TH TERRACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33184	1.4 CITY - ST - ZIP	
TITLE	VPD	2.1 TITLE	
NAME	RAMOS, ESTEBAN O	2.2 NAME	
STREET ADDRESS	13410 S.W. 4TH TERRACE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33184	2.4 CITY - ST - ZIP	
TITLE	V.P.D.	3.1 TITLE	
NAME	RAMOS ESTEBAN (son)	3.2 NAME	
STREET ADDRESS	13410 SW 4TH TERRACE	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33184	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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.

SIGNATURE: *Esteban O. Ramos* P.S.T. 02/24/98

CR2E034 (10/97)