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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90041 008 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P93000031995

1. Corporation Name
TROPICAL STORM SHUTTERS, INC.



Principal Place of Business
4300 SW 73RD AVE
103A
MIAMI FL 33166
US

Mailing Address
4300 SW 73 AVE
103A
MIAMI FL 33166
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/03/1993

4. FEI Number
65-0407412

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

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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 **4300 SW 73 Ave.**
 Suite, Apt. #, etc.
 22 **103 A.**
 City & State
 23 **Miami FL.**
 Zip Country
 24 **33155** 25 **Hiami Dade** 27 **103 A.** 28 **Miami Florida**
 29 **33155** 30 **Miami Dade**

9. Name and Address of Current Registered Agent
VENTURA, ENRIQUE J ESQ
28 W FLAGLER ST
SUITE 500
MIAMI FL 33130

10. Name and Address of New Registered Agent
 81 Name **VENTURA, ENRIQUE J ESQ**
 82 Street Address (P.O. Box Number is Not Acceptable)
999 PONCE DE LEON.
 83 **Bldv Sut 1110.**
 84 City **Coral Gables** FL 85 Zip Code **33134.**

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		DELETED
TITLE	PST	<input type="checkbox"/>
NAME	RAMOS, ESTEBAN O	
STREET ADDRESS	13410 S.W. 4TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	VPD	<input type="checkbox"/>
NAME	RAMOS, ESTEBAN O	
STREET ADDRESS	13410 S.W. 4TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	VPD	<input type="checkbox"/>
NAME	RAMOS, ESTEBAN	
STREET ADDRESS	13410 SW 4TH TERR	
CITY-ST-ZIP	MIAMI FL 33180	
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		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
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: Esteban O. Ramos ESTEBAN O. RAMOS 01-12-99 305-364-7470
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)