

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 25 AM 9:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000076269 (8)**

1. Corporation Name:  
**EDUARDO GLASS & MIRROR INC.**

Principal Place of Business: **10805 SW 40TH ST  
MIAMI FL 33165**  
Mailing Address: **10805 SW 40TH ST  
MIAMI FL 33165**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/03/1993**  
3a. Date of Last Report: **09/27/1994**

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**

4. FEI Number: **65-0514240**  
Applied For:  Not Applicable

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

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

7. This corporation has liability for intangible tax under Ch. 199.002, Florida Statutes:  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**BORGES, MIGUEL  
11330 SW 40TH STREET  
MIAMI FL 33165**

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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 typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when revolving)

(Date)

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE: **D**  
NAME: **BORGES, MIGUEL**  
STREET ADDRESS: **11330 SW 40TH ST**  
CITY, ST, ZIP: **MIAMI FL 33165**

1.1 TITLE:  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

2.1 TITLE:  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

3.1 TITLE:  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

4.1 TITLE:  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

5.1 TITLE:  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

6.1 TITLE:  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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(3)(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 on an attachment with an address.

SIGNATURE: *Miguel Borges* P/D  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

4-19-95 (305)  
553-3746  
Date Office Phone #