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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90195 020 ***150.00

UPB 1447

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P94000032905

1. Corporation Name
GLASSWALL, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1876 KENEDY CSWY
N BAY VILLAGE FL 33141
US
New Add.

Mailing Address
12041 SW 110 ST CIR W
MIAMI FL 33186
US

3. Date Incorporated or Qualified
05/02/1994
4. FEI Number
65-0489307
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.

2. Principal Place of Business
21 3745 B. N.W. 32ND AVE
22 Suite, Apt. #, etc.
23 MIAMI
24 FL. 33142 25 U.S.A.
26
27
28
29
30

9. Name and Address of Current Registered Agent
MOUSSA, SAMIR
12041 SW 110TH ST CIRCLE S
MIAMI FL 33186

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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE P MOUSSA, SAMIR G
NAME MOUSSA, SAMIR G
STREET ADDRESS 12041 SW 110TH ST CIRCLE S
CITY-ST-ZIP MIAMI FL 33186
TITLE VP SABEHAYON, SAADEDDINE S.
NAME SABEHAYON, SAADEDDINE S.
STREET ADDRESS 800 N MIAMI AVE APT 1205
CITY-ST-ZIP MIAMI FL 33136
TITLE VPE DANYOV, DENNIS M.
NAME DANYOV, DENNIS M.
STREET ADDRESS 7903 NW 68TH ST
CITY-ST-ZIP TAMARAC FL 33321

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
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] REQUIRED
4-27-99 305-8611331
Date Daytime Phone #

CR2E034 (11/98)