

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

FILED

May 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # ~~990000060738~~ (9)

1. Corporation Name

ABC del Vitral Corporation

9600000607725

Principal Place of Business

Mailing Address

854 N.W. 87 Ave #506
Miami, FL 33172

854 NW 87 Ave #506
Miami, FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
8/14/1996

21. Principal Place of Business
600 Wren Avenue

26. Mailing Address
600 Wren Avenue

4. FEI Number
65-0768468

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

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

23. City & State
Miami Springs

28. City & State
Miami Springs

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

24. Zip
FL 33166

30. Zip
FL 33166

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Guerreno, Sandro
854 NW 87 Ave #506
Miami, FL 33172

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
10727 SW 152 St
83 #202
84 City Miami FL 85 Zip Code 33177

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	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Costa, Jaima A	1.2 NAME	
STREET ADDRESS	Paris 1209 y tomas de Berlanga	1.3 STREET ADDRESS	
CITY-ST-ZIP	Quito, Ecuador	1.4 CITY-ST-ZIP	
TITLE	DJ	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Costa, Alino	2.2 NAME	
STREET ADDRESS	Paris 1209 y tomas de Berlanga	2.3 STREET ADDRESS	
CITY-ST-ZIP	Quito, Ecuador	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Costa, Cecilia A	3.2 NAME	
STREET ADDRESS	Paris 1209 y tomas de Berlanga	3.3 STREET ADDRESS	
CITY-ST-ZIP	Quito, Ecuador	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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JR

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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] 468197 305221998

CR2E034 (10/97)