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CORPORATION
 ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

1999

1. Corporation Name **DOCUMENT #**
 ALL ABOUT GARAGE DOORS & GATES, INC. P96000078297

Mailing Address Principal Place of Business
 9139 NW 117 St.,
 Hialeah Gardens, Fl 33018

* 4 4 8 6 3 7 *
 448637 - 90205 - 50

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

3. Date Incorporated or Qualified **09/19/96** 3a. Date of Last Report
 4. FEI Number **65-0700588** 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. Nonprofit Exempt from \$138.75 Supplemental Fee
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Mailing Address 2a. Principal Place of Business
 21 9139 NW 117 St 26 Same
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Hialeah Gardens, Fl 28
 Zip Country Zip Country
 24 33018 25 Miami-Dade 29 30

9. Name and Address of Current Registered Agent
 Carlos Zapata
 9139 NW 117 St
 Hialeah Gardens, Fl 33018

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
 (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

1.1 TITLE	P.D.
1.2 NAME	CARLOS ZAPATA
1.3 STREET ADDRESS	9139 NW 117 St
1.4 CITY-ST-ZIP	Hialeah Gardens, Fl 33018
2.1 TITLE	S.T.D.
2.2 NAME	MARA LOPEZ
2.3 STREET ADDRESS	9139 NW 117 St
2.4 CITY-ST-ZIP	Hialeah Gardens, Fl 33018
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	

13. 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 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed), or on an attachment with an address.

SIGNATURE: Mara Zapata 3/31/99 (305) 819 3504
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #