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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P96000096840 (9)**

1. Corporation Name
AWNINGS BY HURST, CORP.

Principal Place of Business	Mailing Address
5501 NW 36TH AVE MIAMI FL 33142	5501 NW 36TH AVE MIAMI FL 33142-2709

3. Date Incorporated or Qualified: 11/27/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 5660 NW 35 Ave.	26 5660 NW 35 Ave.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Miami, FL	28 City & State: Miami, FL
24 Zip: 33142 25 Country: USA	29 Zip: 33142 30 Country: USA

4. FEI Number: 65-0725882 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GOLD, STUART M
8180 NW 36TH ST, SUITE 100
MIAMI FL 33166

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: (Type or print name of person signing as registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME: GARCIA, JOSE L		1.2 NAME	
STREET ADDRESS: 5501 NW 36TH AVE		1.3 STREET ADDRESS: 5660 NW 35 Ave.	
CITY-ST-ZIP: MIAMI FL 33142		1.4 CITY-ST-ZIP: Miami, FL 33142	
TITLE	☐ DELETE	2.1 TITLE: Vice President	☐ Change ☑ Addition
NAME		2.2 NAME: Ivonne GARCIA	
STREET ADDRESS		2.3 STREET ADDRESS: 5660 NW 35 Ave.	
CITY-ST-ZIP		2.4 CITY-ST-ZIP: Miami, FL 33142	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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.

SIGNATURE: 3/10/97 (305)633-3980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0003525