

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S50637** (5)

1. Corporation Name  
**PLAZA AUTO GLASS, INC.**



Principal Place of Business: **5045 PROGRESS ROAD MIAMI FL 33143**  
Mailing Address: **5045 PROGRESS ROAD MIAMI FL 33143**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	<b>Plaza Auto Glass, Inc.</b>	26	<b>Plaza Auto Glass, Inc.</b>	<b>05/07/1991</b>	<b>04/03/1995</b>
22. Suite, Apt. #, etc. <b>6050 S. Dixie Hwy.</b>		27. Suite, Apt. #, etc. <b>6050 S. Dixie Hwy.</b>		4. FEI Number	Applied For
23. City & State <b>South Miami, FL.</b>		28. City & State <b>South Miami, FL.</b>		<b>65-0260989</b>	Not Applicable
24. Zip <b>33143</b>	25. Country <b>Dade.</b>	29. Zip <b>33143</b>	30. Country <b>Dade.</b>	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>PLAZA, WALTER J.</b> <b>43210 S.W. 52ND ST.</b> <b>MIAMI FL 33175</b>				81. Name	<b>PLAZA, WALTER J.</b>		
				82. Street Address (P.O. Box Number is Not Acceptable)	<b>7465 S.W. 118 CT.</b>		
				83. City	<b>MIAMI</b>		
				84. State	<b>FL</b>	85. Zip Code	<b>33183</b>

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 607.0605, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PLAZA, WALTER J.</b>		12. NAME		
STREET ADDRESS	<b>7465 SW 118 CT</b>		13. STREET ADDRESS		
CITY - ST - ZIP	<b>MIAMI FL</b>		14. CITY - ST - ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PLAZA, OFELIA M.</b>		22. NAME		
STREET ADDRESS	<b>7465 SW 118 CT</b>		23. STREET ADDRESS		
CITY - ST - ZIP	<b>MIAMI FL</b>		24. CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			32. NAME		
STREET ADDRESS			33. STREET ADDRESS		
CITY - ST - ZIP			34. CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			42. NAME		
STREET ADDRESS			43. STREET ADDRESS		
CITY - ST - ZIP			44. CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			52. NAME		
STREET ADDRESS			53. STREET ADDRESS		
CITY - ST - ZIP			54. CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			62. NAME		
STREET ADDRESS			63. STREET ADDRESS		
CITY - ST - ZIP			64. 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 further certify that the information indicated on this annual report or supplement to 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 unchanged, or on an attachment, with an address.

SIGNATURE: *Walter J. Plaza* **4/26/96** **0611667**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)