

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	Plaza Auto Glass, Inc.	26	Plaza Auto Glass, Inc.	05/07/1991	04/03/1995
22. Suite, Apt. #, etc. 6050 S. Dixie Hwy.		27. Suite, Apt. #, etc. 6050 S. Dixie Hwy.		4. FEI Number	Applied For
23. City & State South Miami, FL.		28. City & State South Miami, FL.		65-0260989	Not Applicable
24. Zip 33143	25. Country Dade.	29. Zip 33143	30. Country Dade.	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			
PLAZA, WALTER J. 43210 S.W. 52ND ST. MIAMI FL 33175				81. Name	PLAZA, WALTER J.		
				82. Street Address (P.O. Box Number is Not Acceptable)	7465 S.W. 118 CT.		
				83. City	MIAMI		
				84. State	FL	85. Zip Code	33183

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	D	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PLAZA, WALTER J.		12. NAME		
STREET ADDRESS	7465 SW 118 CT		13. STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		14. CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PLAZA, OFELIA M.		22. NAME		
STREET ADDRESS	7465 SW 118 CT		23. STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		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 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)