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FILED

Jan 15 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000025688 (1)

1. Corporation Name

FLORIDA STORM PANELS, INC.



Principal Place of Business

14475 NW 28TH AVE.  
OPA LOCKA FL 33054

Mailing Address

14475 NW 28TH AVE.  
OPA LOCKA FL 33054-3121

3. Date Incorporated or Qualified

04/02/1993

3a. Date of Last Report

04/11/1996

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0418903

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

City &amp; State

City &amp; State

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

Zip

25

Country

Zip

29

Country

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRUZ, VICTOR V  
14475 NW 28TH AVE.  
OPA LOCKA FL 33054

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

Signature typed or printed name of registered agent (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPD  
CRUZ, VICTOR V  
14475 NW 28TH AVE.  
OPA LOCKA FL 33054

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPD  
CRUZ, VICTOR V  
14475 NW 28TH AVE.  
OPA LOCKA FL 33054TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPD  
CABRERA, JUAN  
14475 NW 28TH AVE.  
OPA LOCKA FL 33054TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPD  
CABRERA, JUAN  
14475 NW 28TH AVE.  
OPA LOCKA FL 33054TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPD  
CABRERA, JUAN  
14475 NW 28TH AVE.  
OPA LOCKA FL 33054TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPD  
CABRERA, JUAN  
14475 NW 28TH AVE.  
OPA LOCKA FL 33054TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPD  
CABRERA, JUAN  
14475 NW 28TH AVE.  
OPA LOCKA FL 33054TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPD  
CABRERA, JUAN  
14475 NW 28TH AVE.  
OPA LOCKA FL 33054

14. I do 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:

Victor V. Cruz  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-97

Date

(305) 685-9990

Daytime Phone #

CR2E034 (9/96)