

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 320767 (7)

1. Corporation Name

CREMATA AUTO GLASS, INC.

Principal Place of Business

201 NORTHWEST 22 AVE.
MIAMI FL 33125
US

Mailing Address

201 NORTHWEST 22 AVENUE
MIAMI FL 33125



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

CREMATA, AMABEL
201 N.W. 22ND AVE.
MIAMI FL 33125-2243

3. Date Incorporated or Qualified
09/07/1967

3a. Date of Last Report
03/15/1995

4. FEI Number

59-1168364

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

12.1 NAME
VD
CREMATA, AMABEL
12.2 STREET ADDRESS
4240 S.W. 14TH STREET
12.3 CITY - ST - ZIP
MIAMI FL

☐ DELETE

12.4 NAME
12.5 STREET ADDRESS
12.6 CITY - ST - ZIP

☐ DELETE

12.7 NAME
12.8 STREET ADDRESS
12.9 CITY - ST - ZIP

☐ DELETE

12.10 NAME
12.11 STREET ADDRESS
12.12 CITY - ST - ZIP

☐ DELETE

12.13 NAME
12.14 STREET ADDRESS
12.15 CITY - ST - ZIP

☐ DELETE

12.16 NAME
12.17 STREET ADDRESS
12.18 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY - ST - ZIP

☐ Change ☐ Addition

13.5 TITLE
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY - ST - ZIP

☐ Change ☐ Addition

13.9 TITLE
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY - ST - ZIP

☐ Change ☐ Addition

13.13 TITLE
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY - ST - ZIP

☐ Change ☐ Addition

13.17 TITLE
13.18 NAME
13.19 STREET ADDRESS
13.20 CITY - ST - ZIP

☐ Change ☐ Addition

13.21 TITLE
13.22 NAME
13.23 STREET ADDRESS
13.24 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 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:

Amabel Cremonesi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/96

Daytime Phone #

CR2E034 (12/95)