

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **563859** (8)

1. Corporation Name

V. G. MIRROR AND GLASS MART DISTRIBUTORS CORP.



Principal Place of Business

2300 NW 34 AVE.
BOX 231
MIAMI FL 33142
US

Mailing Address

4600 S.W. 139 AVE.
BOX 231
MIRAMAR FL 33027

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**GONZALEZ, RAQUEL
4600 SW 139 AVENUE
MIRAMAR FL 33027**

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 607.0802 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

| | | | |
|----|----|---|---------------------------------|
| 11 | T | GONZALEZ, RAQUEL 4600 S.W. 139TH AVE. MIRAMAR FL | <input type="checkbox"/> DELETE |
| 12 | PD | GONZALEZ, EMILIO F. 4600 S.W. 139TH AVE. MIRAMAR FL | <input type="checkbox"/> DELETE |
| 13 | | | <input type="checkbox"/> DELETE |
| 14 | | | <input type="checkbox"/> DELETE |
| 15 | | | <input type="checkbox"/> DELETE |
| 16 | | | <input type="checkbox"/> DELETE |
| 17 | | | <input type="checkbox"/> DELETE |
| 18 | | | <input type="checkbox"/> DELETE |
| 19 | | | <input type="checkbox"/> DELETE |
| 20 | | | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----|----------------|---|
| 11 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 | NAME | |
| 13 | STREET ADDRESS | |
| 14 | CITY-STATE-ZIP | |
| 21 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 | NAME | |
| 23 | STREET ADDRESS | |
| 24 | CITY-STATE-ZIP | |
| 31 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 | NAME | |
| 33 | STREET ADDRESS | |
| 34 | CITY-STATE-ZIP | |
| 41 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 | NAME | |
| 43 | STREET ADDRESS | |
| 44 | CITY-STATE-ZIP | |
| 51 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 | NAME | |
| 53 | STREET ADDRESS | |
| 54 | CITY-STATE-ZIP | |
| 61 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 | NAME | |
| 63 | STREET ADDRESS | |
| 64 | CITY-STATE-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 included 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, changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAQUEL GONZALEZ

1/18/96

(305)

8715590

Business Phone #

CR2E034 (12/95)