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PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

OCUMENT # 563859

(8)

V. G. MIRROR AND GLASS MART DISTRIBUTORS CORP.

FILED Jan 20 1998 8:00am Secretary of State



	e of Business		Mailing Address		· · · · · · · · · · · · · · · · · · ·		- 4 MANARA CERTA MANDA TRIMI ININA MANTA INDI ALDIN MINIS MINIS REGIS MINIS INNA			
2300 NW 34			4600 S.W. 139 AVE	,	=					
BOX 231			BOX 231	A E	-					
MIAMI FL 331	1142		MIRAMAR FL 33027	7			DO NOT WRITE	IN THIS S	PACE	
US							 Date Incorporated or Qualified 04/07/1978 			
2. Principal Pi	lace of Busines	s	2a. Mailing Address	:	<u> </u>		4. FEI Number		Α	pplied For
21			26		-		59-1810794			lot Applicab
Suite, Apt.	#, etc.	·	Suite, Apt. #, etc).	-					Additional
22			27		:		5. Certificate of Status Desired		,	Required
City & State	te		City & State				6. Election Campaign Financing		\$5.00	May Be
23			28		7		Trust Fund Contribution			to Fees
Zip		Country	Zip		Country		8. This corporation owes or has pai	d the curre		
24	25]	29	30			Personal Property Tax due June	_		□ No
			rrent Registered Agent	1001			10. Name and Address of New Re			
GC	ONZALEZ, RA				81	Name				
	00 SW 139 A									
					82	Street Add	iress (P.O. Box Number is Not Acceptab	le)		
MIF	RAMAR FL 33	1021			# 02					
Ė					83					
!	_				84	City			85 Zip	Code
						•		FL		
	to the provision	s of Sections 607	0502 and 607 1508, Florida S	Statutes, the	e above-	named cor	poration submits this statement for the pation's board of directors. I hereby accep	urpose of o	changing	its registered
11. Pursuant t			iale of Fiorida. Stich change t	was aumor	izea by i	гле сограга	ation's board of directors, I hereby accep	i fue abbo	mment a	s registered
11. Pursuant i office or re agent. I ar	registered agen ım familiar with.	and accept the o	bligations of Section 607.050	5. Florida S	Statutes.	•				
	registered agen im familiar with,	and accept the o	bligations of, Section 607.050	5, Florida S	Statutes.	·				
SIGNATURE			bligations of, Section 607.050		ė		uked when reinstating)	DATE		· ·
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SIGNATURE		orinted name of registers	d agent and title if applicable.	(NOTE. Regis	ii stered Agent		ulred when reinstating)	DATE		· · · · · · · · · · · · · · · · · · ·
SIGNATURE	Signature, typed or	orinted name of registers	d agent and title if applicable. AND DIRECTORS	(NOTE. Regis	it itered Agent 13.		ulred when reinstating)	DATE	DIRECTO	RS IN 12
SIGNATURE . 12. TITLE NAME	Signature, typed or T	orinted name of registers OFFICERS	d agent and title if applicable. AND DIRECTORS	(NOTE. Regis	# Agend 13. .1 TITLE 2 NAME	t signature requ	ulred when reinstating)	DATE	DIRECTO	RS IN 12
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. I 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 is 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:

IATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-98

305-871559C

Daytime Phone # 01408