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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani Secretary of State

DIVISION OF CORPORATIONS

1996

651267

(7)

DOCUMENT #

1. Corporation Name **GUARDIAN SAFETY AND WINDOW TINTING CORP.**



| | | | | | | | | | | | II BYDN JOOL |
|---|--|----------|-------------------------|---|--------|--|---|----------------------|---------|--------------|--------------|
| Principal Place | | M | lailing Address | | | | | | | | |
| 21 SOUTH STATE ROAD 7 21 SOUTH STATE ROAD 7 PLANTATION FL 33317 PLANTATION FL 33317 | | | | | | | | | | | |
| | | | | | | 3. Date Incorporated or Qualified 11/07/1979 | 3a . D | ate of Las 04/27/ | | n | |
| 2. Principal Pla | ace of Business | 2a | , Mailing Address | | | | 4. FEI Number | | | App | lied For |
| 21 | | 26 | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | 59-1962709 | | | | Applicable |
| Suite, Apt. # | #, etc. | | Suite, Apl. #, etc. | | | | 5. Certificate of Status Desired | | | 75 Ac | dditional |
| Crty & State | | 27 | City & State | | | | 6. Election Campaign Financing | | | | May Be |
| 23 | , | 28 | Ony o chanc | | | | Trust Fund Contribution | | | ided to | • |
| Ζιρ | Country | | <i>Ζ</i> φ | Cou | intry | / | 8. This corporation has liability for i | ntangibli | | - | |
| 4 | 25 | 29 | | 30 | | | Florida Statutes 💥 Yes | □No | | | |
| | g. Name and Address of Currer | nt Regi | stered Agent | | I | · | 10. Name and Address of New R | egister | d Agent | | |
| | | | | | 81 | Name | | | | | |
| | AGA, JULIO | | | | 82 | Street Add | ress (P.O. Box Number is Not Acceptab | le) | | | |
| 4924 S W 43 TERRACE | | | | | B3 | <u> </u> | | | | | |
| FT. LAU | IDERDALE FL 33314 | | | | 53 | | | | | | |
| | | | | | 84 | City | | F | 85 | Zıp C | ode |
| familiar wit | th, and accept the obligations of, Sect | tion 607 | 7.0505, Florida Statute | s | | | | | | | |
| | Separation type or contributed trainer of registered agent | | | | 1 A.# | объергай молочоти | Tabel resisting | DATE | | 27.000 | 181.46 |
| 12. | OFFICERS AN | ID D'RE | CTORS DELETE | 13. | TITLE | | ADDITIONS/CHANGES TO OFF | ICERS A | Chan | | Addition |
| TITLE NAME | ASPILLAGA, JULIO | | L_J t/Licit | | AME | 1 | | | | 9° L | |
| STREET ADDRESS | 4924 S W 43 TERRACE | | | | | I ADDRESS | | | | | |
| CITY-ST-ZIP | FT LAUDERDALE FL | | | | | \$1 - ZIP | | | | | |
| TITLE | | | ☐ DECETE | 2.1 | | | | ., ., ., | ☐ Chan | ge [| Addition |
| NAME | | | | 221 | IAME | | | | | | |
| STREET ADDRESS | | | | 235 | STREE | I ADDRESS | | | | | |
| CITY-ST-ZIP | | | | 240 |) TY - | ST- ZIP | | | | | |
| TITLE | | | DELÉTE | 3 1 | title | | | | ☐ Chan | ge [| Addition |
| NAME | | | | | IAME | | | | | | |
| STREET ADDRESS | | | | | | ET ADDRESS | | | | | |
| CITY - ST - ZIP | | | DELETE | | TITLE | ST-ZIF | | | Chan | пе Г | Addition |
| TITLE NAME | | | LJ OLLLIL | | AME. | 1 | | | _ 5 | a∽ L | |
| STREET ADDRESS | , , , , , , , , , , , , , , , , , , , | | | | | T ADDRESS | | | | | |
| CITY - ST - ZiP | | | | | | ST-ZIP | | | | | |
| TITLE | | | DELETE | | TITLE | | | | Chan | ige [| Addition |
| NAME | | | | | NAME | | | | | | |
| STREET ADOPESS | | | | | | 2 ADDRESS | | | | | |
| CITY-ST-ZIP | | | | 540 | OHY- | \$1- 7 IP | | | | | |
| TITLE | | | DEL ETE | | THTLE | | | | ☐ Char | ige [| Addition |
| NAME | | | | 62 | MAM | | | | | | |
| STREET ADDRESS | | | | 63 | STREE | LADORESS | | | | | |
| City - ST - ZiP | | | | 6.4 | CITY- | S1 - 716 | | | | | |

14. To hereby certify that the information supplied with this filting 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 supplienental 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 releven 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 chapted, or in an attacking to with an adversary.

SIGNATURE:

STET HAME OF SIGNING OFFICER OR DIRECTOR