

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 # **662071** (0)

1. Corporation Name
ARMANDO GLASS CORP.



Principal Place of Business: **2631 SW 64TH AVE MIAMI FL 33155-2932**
Mailing Address: **2631 SW 64TH AVE MIAMI FL 33155-2932**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
State, Apt. #, etc.					State, Apt. #, etc.				
City & State					City & State				
Zip					Zip				
Country					Country				

3. Date Incorporated or Qualified 04/23/1980	3a. Date of Last Report 02/21/1995
4. FEI Number 59-2002900	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
VAZQUEZ, ARMANDO A. 2613 SW 64TH AVENUE MIAMI FL				81	Name		
				82	Street Address (P.O. Box Numbers Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0900 and 607.1500, 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 I accept the obligations of, Section 607.0900, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2. NAME	VAZQUEZ, ARMANDO A.		2.1 NAME		
3. STREET ADDRESS	2613 SW 64TH AVE		3.1 STREET ADDRESS		
4. CITY, STATE, ZIP	MIAMI FL		4.1 CITY, STATE, ZIP		
5. TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6. NAME			6.1 NAME		
7. STREET ADDRESS			7.1 STREET ADDRESS		
8. CITY, STATE, ZIP			8.1 CITY, STATE, ZIP		
9. TITLE		<input type="checkbox"/> DELETE	9.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
10. NAME			10.1 NAME		
11. STREET ADDRESS			11.1 STREET ADDRESS		
12. CITY, STATE, ZIP			12.1 CITY, STATE, ZIP		
13. TITLE		<input type="checkbox"/> DELETE	13.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
14. NAME			14.1 NAME		
15. STREET ADDRESS			15.1 STREET ADDRESS		
16. CITY, STATE, ZIP			16.1 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 if changed, or on an attachment with an address.

SIGNATURE: *x Armando Vazquez PO*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9 96

CR2E034 (12/95)