

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90202 041 ***150.00

DOCUMENT # F37372

1. Corporation Name

SUN AIR WINDOWS & INSTALLATION INC.

Principal Place of Business

16760 NW 42 AVENUE
MIAMI FL 33055

Mailing Address

16760 NW 42 AVENUE
MIAMI FL 33055

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/08/1981

4. FEI Number

59-2108479

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

LANZ, EDUARDO D
16760 NW 42 AVE.
MIAMI FL 33055

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	SD
NAME	DIAZ, EMELINA	1.2 NAME	DIAZ, EMIL
STREET ADDRESS	16760 NW 42 AVENUE	1.3 STREET ADDRESS	16760 NW 42 AVENUE
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI FL
TITLE	SD	2.1 TITLE	SD
NAME	EMERICK DIAZ	2.2 NAME	ERIK C. DIAZ
STREET ADDRESS	16760 NW 42 AVE	2.3 STREET ADDRESS	16760 NW 42 AVENUE
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI FL
TITLE	SD	3.1 TITLE	
NAME	EVERETT DIAZ	3.2 NAME	
STREET ADDRESS	16760 NW 42 AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	DIAZ, EDUARDO M JR	4.2 NAME	
STREET ADDRESS	16760 NW 42 AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	
NAME	DIAZ, EDMUNDO O	5.2 NAME	
STREET ADDRESS	16760 NW 42 AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	PD	6.1 TITLE	
NAME	LANZ, EDUARDO D	6.2 NAME	
STREET ADDRESS	16760 NW 42ND AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

EDUARDO D. LANZ

01-13-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0154157