FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F48929** **(6)**

1. Corporation Name
S. F. GLASS & MIRROR CORPORATION

Principal Place of Business:
4835 N.W. 183 ST.
C/O JUAN M. SIXTO
OPA LOCKA FL 33055-2955

Mailing Address:
4835 N.W. 183 ST.
C/O JUAN M. SIXTO
OPA LOCKA FL 33055-2955

3. Date Incorporated or Qualified: **10/30/1981**
3a. Date of Last Report: **02/16/1995**

4. FEI Number: **59-2140127** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent
SIXTO, JUAN M.
4835 N.W. 183 ST.
OPA LOCKA FL

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 Section 607.0505(2) or 617.1505, 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

12. OFFICERS AND DIRECTORS

TITLE	STD
NAME	SIXTO, PAULA
STREET ADDRESS	645 W 68 STREET
CITY-ST-ZIP	HIALEAH, FL 00000
TITLE	PD
NAME	SIXTO, JUAN M
STREET ADDRESS	645 W 68 STREET
CITY-ST-ZIP	HIALEAH FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this report is true and correct, and does not exceed, 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 of this report, or I have added my name and correct title.

SIGNATURE: Juan M. Sixto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/96 6241027 8
Date Document Number

CR2E034 (12/95)