

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

FILED  
May 01 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> F79966 (0)			
<b>1. Corporation Name</b> Shades of Tint South, Inc.			
<b>Principal Place of Business</b> 700 NE 90th Street Miami, Florida 33138		<b>Mailing Address</b> 700 NE 90th Street Miami, Florida 33138	
<b>2. Principal Place of Business</b> 21 2100 Ponce DeLeon Blvd. Suite, Apt. #, etc. 22 Suite #1040 City & State 23 Coral Gables, Florida Zip Country 24 33134 25 USA		<b>2a. Mailing Address</b> 26 2100 Ponce DeLeon Blvd. Suite, Apt. #, etc. 27 Suite #1040 City & State 28 Coral Gables, Florida Zip Country 29 33134 30 USA	
<b>3. Date Incorporated or Qualified</b> 5/17/1982		<b>3a. Date of Last Report</b> Applied For Not Applicable <b>\$8.75 Additional Fee Required</b> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>9. Name and Address of Current Registered Agent</b> Evans, George M., Esquire 700 NE 90th Street Miami, Florida 33138		<b>10. Name and Address of New Registered Agent</b> 81 Name Evans, George M., Esquire 82 Street Address (P.O. Box Number is Not Acceptable) 2100 Ponce de Leon Boulevard 83 Suite 1040 84 City Coral Gables, FL 85 Zip Code 33134	
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 <u>George M. Evans</u> Signature, typed or printed name of registered agent and title if applicable.		DATE <u>4/23/97</u> (NOTE: Registered Agent signature required when reinstating)	
<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST McCain, Thomas 1353 NW 79th Street Miami, Florida	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D McCain, Thomas 1353 NW 79th Street Miami, Florida	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD McCain, Harriet L. 1353 NW 79th Street Miami, Florida	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, upon an attachment with an address.		SIGNATURE: <u>Thomas McCain</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
		Date <u>4-21-97</u> Daytime Phone # <u>305 6915690</u>	

CR2E034 (9/96)