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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Secretary of State

305-592-9551

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Şandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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AWNING WORLD, INC.

Principal Place of Business

CBY-51-218

SIGNATURE:

appears in Block 12 or Block 13 if

7941 N.W. 64TH STREET 7941 N.W. 64TH STREET MIAMI FL 33166-2723 MIAMI FL 33168 3. Date Incorporated or Qualified Sa. Date of Last Report 05/02/1994 04/26/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0519176 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Ant. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Zip Country ZID Country This corporation has liability for intangible tax under s. 199.032, Yes No 25 29 30 Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LLEONART, JOHN 7941 N.W. 64TH STREET Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33166** 83 84 City 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: type-dior printed name of registered agent and too if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. PCDS DELETE Change Addition 1016 1.1 TITLE LLEONART, JOHN 1.2 NAME R2E034 3024 S.W. 1ST AVENUE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY ST-ZiP 14 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE THE LLEONART, JUAN J 22 NAME NAME 4596 C SW 139TH CT. STREET ADDRESS 2.3 STREET ADDRESS **MAIMI FL 33175** 2.4 CITY-ST-ZIP CHY-ST-26 DELETE Addition THE 3 1 TITLE Change NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CHr-SI DELETE Addition 1111 4.1 TITLE Change NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CHTY-ST DELETE Addition Change 51 THILE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREE! ADDRESS 5.4 CITY - ST - ZIP City-St-7P DELETE ☐ Change Addition 6.1 TITLE THE NAME 62 NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY - ST - ZIP

14. To be 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