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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H05319 (9)

1. Corporation Name

GLASS TECH ENGINEERING, INC.



Principal Place of Business

Mailing Address

8465 NW 70 ST
MIAMI FL 33166
US

13523 S.W. 66TH TERRACE
MIAMI FL 33183

2. Principal Place of Business

2a. Mailing Address

21 8469 NW 70 STREET

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
MIAMI FL

27 City & State

23 Zip

Country

Zip

Country

24 33166

25 71

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DE LA PUENTE, CESAR
2100 CORAL WAY
SUITE 300
MIAMI FL 33145

81 Name ELVIRA PEREZ

82 Street Address (P.O. Box Number is Not Acceptable)

8469 NW 70 STREET

83

84 City MIAMI

FL

85 Zip Code 33166

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)

4/12/96

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD
PEREZ, RAMON
13523 S.W. 66TH TERRACE
MIAMI FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PVST
PEREZ, ELVIRA J.
13523 S.W. 66TH TERRACE
MIAMI FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

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 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELVIRA PEREZ

4/12/96

DATE

(305) 594-4321

DAYTIME PHONE #

CR2E034 (12/95)