

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L25499** (9)

1. Corporation Name

MIAMI DOORS INC.



Principal Place of Business

**14352 SW 90TH ST.
MIAMI FL 33186**

Mailing Address

**14352 SW 90TH ST.
MIAMI FL 33186**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**VIDAL, IDO B.
11795 SW 18TH ST
UNIT 9
MIAMI FL 33175**

3. Date Incorporated or Qualified

10/20/1989

3a. Date of Last Report

11/27/1995

4. FEI Number

65-0156714

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

MIAMI

FL

85 Zip Code

33186

11. Pursuant to the provisions of Sections 607.0602 and 607.1505, 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 607.0605, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Director)

(Signature of Registered Agent or Director)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	VIDAL, IDO B.	
STREET ADDRESS	14352 SW 90TH ST.	
CITY-STATE-ZIP	MIAMI FL 33186	
TITLE	D	☐ DELETE
NAME	AZOCAR, DULCE M.	
STREET ADDRESS	14352 SW 90TH ST.	
CITY-STATE-ZIP	MIAMI FL 33186	
TITLE	D	☐ DELETE
NAME	VINDELL, LUIS A.	
STREET ADDRESS	14352 SW 90TH ST.	
CITY-STATE-ZIP	MIAMI FL 33186	
TITLE	D	☐ DELETE
NAME	VIDAL, REDENTA G.	
STREET ADDRESS	14352 SW 90TH ST.	
CITY-STATE-ZIP	MIAMI FL 33186	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 NAME	☐ Change ☐ Addition
15 STREET ADDRESS	
16 CITY-STATE-ZIP	
17 NAME	☐ Change ☐ Addition
18 STREET ADDRESS	
19 CITY-STATE-ZIP	
20 NAME	☐ Change ☐ Addition
21 STREET ADDRESS	
22 CITY-STATE-ZIP	
23 NAME	☐ Change ☐ Addition
24 STREET ADDRESS	
25 CITY-STATE-ZIP	
26 NAME	☐ Change ☐ Addition
27 STREET ADDRESS	
28 CITY-STATE-ZIP	
29 NAME	☐ Change ☐ Addition
30 STREET ADDRESS	
31 CITY-STATE-ZIP	
32 NAME	☐ Change ☐ Addition
33 STREET ADDRESS	
34 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is true, correct, and does not qualify for the exception stated in Section 118.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 registered agent empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change. I declare all other statements are true.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-96

382-9311

CR2E034 (12/95)