PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L25499

MIAMI DOORS INC.

Principal Place	e of Business	Mailing Address				I LEBNICH I BIO JAON CINA RIGIE IRIU IOI	II BOBIŞ BABAN BUBUN BUBA	01811 01811 1881
14352 SW 90TH ST.		14352 SW 90TH ST.				• •		
MIAMI FL 33100						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed	•]
				•		10/20/1989		
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number	<u> </u>	Applied For
21		26				65-0156714		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional Required
22						- Florido Ocuação Financia		
23	ac .	28				6. Election Campaign Financing Trust Fund Contribution		May Be
Zip	Country	Zip	Cour	ntry		a. This corporation owes the current y		1.0 1 000
24	25	29	30			Personal Property Tax.	Yes Yes	□No
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Regis	stered Agent	
1004	i ino n			81	Name			
	IL, IDO B. 52 SW 90TH ST		•	82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	MI FL 33186					the second secon	14 (15 5 1 N)4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	110 - 120 - 141
·	WITE 33 100			83				
		•	•	84	City		85 Zip	Code
Charle Gree Court		20 and 007 4500 'Fladda Chal				antian authorite this statement for the purp	FL T	In registered
" "office or r	registered agent, or both, in the State	of Florida. Such change was	authorized	by th	he corporatio	oration submits this statement for the purp on's board of directors. I hereby accept the	e appointment as r	egistered
agent. I a	am familiar with, and accept the obliga	itions of, Section 607.0505, F	lorida Statu	tes.				`
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE: Registered	Agent s	signature required	d when reinstating) D) DATE	
SIGNATURE	Signature, typed or printed name of registered age . OFFICERS AN	nt and title if applicable. (NO	TE: Registered	Agent :	signature required	d when reinstating) :,		ORS IN 12
					signature required			
12.	OFFICERS AN	ND DIRECTORS	13.	LE	signature required		RS AND DIRECT	
12.	OFFICERS AN	ND DIRECTORS	13. 1.1 TIT 1.2 NA	LE ME	signature required		RS AND DIRECT	
12. TITLE NAME	OFFICERS AN VIDAL, IDO B.	ND DIRECTORS	13. 1.1 TIT 1.2 NA	LE ME REET A	ADDRESS		RS AND DIRECT ☐ Change	Addition
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14. I 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 appears in Block 12 or Block 13 if changed, or on an extended with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

Jan 26, 1999 8:00am

Secretary of State

01-26-1999 90040 023 ***150.00