

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Martin
Secretary, FLORIDA
AUGUST 1, 1994, FLORIDA

DOCUMENT # L39437

(3)

1. Corporation Name:

MONTERO VERTICLE BLINDS INC.

APPROVED
AND
FILED

MAY -1 AM 3:03

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2. Name and Address of Business:

C/O FRANCISCO MONTERO
28 SUFFOLK AVENUE
HIALEAH FL 33010

3. Name and Address:

C/O FRANCISCO MONTERO
28 SUFFOLK AVENUE
HIALEAH FL 33010

21. Registered Agent:

28. Mailing Address:

22. Office Address #:

29. Office Address #:

23. City & State:

28. City & State:

24. Zip Code:

29. Zip Code:

30. County:

9. Name and Address of Current Registered Agent:

MONTERO, FRANCISCO
28 SUFFOLD AVENUE
HIALEAH FL 33010

81. Name:

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

83.

84. City:

FL

85. Zip Code:

11. I, Francisco Montero, do hereby certify that I am the registered agent of the above named corporation and that the statement for the purpose of changing its registered office or registered agent is being made in the state of Florida. Such change was authorized by the corporation's board of directors. I hereby waive the appointment as registered agent. I am further waiving my right to receive notice of service of process in the state of Florida.

12. OFFICER AND DIRECTOR:

DP
MONTERO, FRANCISCO
28 SUFFOLK AVENUE
HIALEAH FL

13. ADDITIONAL OFFICER AND DIRECTOR:

| | | | |
|----------|--|---------------------------------|------------------------------|
| 1. NAME | | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| 2. NAME | | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| 3. NAME | | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
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| 29. NAME | | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| 30. NAME | | <input type="checkbox"/> Change | <input type="checkbox"/> Add |

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 100(7)(B) of Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall bear the same legal effect as if it had been made orally. I have no conflict of interest for the corporation or its officer or trustee employed 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 addendum.

SIGNATURE:

President

PRINTED AND TYPED OR PRIMED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-95

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