FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State **DIVISION OF CORPORATIONS**

(6) DOCUMENT # 138 WINDOWS GLA SS LUIS

Principal Place of Business

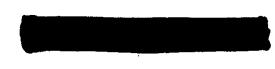
25104 NW 90 CT

Mailing Address

90 CT . 5104NW

May 17, 1999 8:00 am Secretary of State

05-17-1999 90048 015 ***150.00



MIAMI FZ 33018 MIAMI FC					0/8	DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualified 0 4/04/1996					
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Addr	2a. Mailing Address 26			4. FEI Number		Api	plied For		
		26				65-0182215		Not Appl			
		Suite, Apt. #,	Suite, Apt. #, etc.		5. Certificate of Status Desired						
City & Sta	ale	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 I Added to	-		
Z _i p	Country 25	Z ₁ p	30 Cc	ountry		This corporation owes or has paid to Personal Property Tax due June 30		` ' -	angible No		
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Regis	lered A	gent			
				81	Name						
LOPEZ, LUIS				82	Street Addr	ess (P.O. Box Number is Not Acceptable)					
5	104 NW 90	CT		83							
	MIAMI EC	330/8		84	City		FL	85 Zip C	Code		
office or		ate of Florida. Such chan	ge was authoriz	ed by	the corporat	poration submits this statement for the pur- tion's board of directors. I hereby accept t					
SIGNATURE	Signature, typed or printed name of registered	agent and title if anning able	(NOTE Registe	uad Arva	ni soo atula con m	ed when reinstating)	DATE				
12.		AND DIRECTORS	13		in signature requi	ADDITIONS/CHANGES TO OFFICE		DIRECTOR	S IN 12		
TITLE	P	ni		TUTA E		ADDITIONS/CITANGES TO OFFICE		Change	Add		
	1,052 /11/9					·	_				
			NAME	*DOSES:C							
STREET ADORESS	5/04 NW	77010	13	SIMELI	ADDRESS						

SIGNATURE	Signature, typed or printed name of registered agent and title if ap	picable. (NOTE F	tegistered Agent signature require	od when reinstating)	DATE		
12.	OFFICERS AND DIRECTO)AS	13.	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECT	ORS	IN 12
TITLE	P	DELETE	1 1 TITLE		Chan	ge	Add.
NAME	LOPEZ, LUIS		12 NAME				
STREET ADDRESS	LOPEZ, LUIS 5104 NW 90 CT	_	1 3 STREET ADDRESS				
CITY-ST-ZIP	MIAMIFL 3301	8	1 4 CITY-ST-ZIP				
TITLE		06,674	2 1 TITLE		☐ Char	ge	☐ Adu
NAME	LOPEZ, FRANCIN	71	22 NAME				
STREET ADDRESS	SIOY NW GOCT MIAMI FL 33	- 4	2 3 STREET ADDRESS	•		•	
CITY-ST-ZIP	MIAMI FL 33	018	2 4 CITY - ST - ZIP				
THE		☐ DELETE	3.1 TITLE		Chai	1 0 8 -	Au
NAME			3 2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3 4. CITY-ST-ZIP				
TITLE		DELETE	4.)TITLE		☐ Cha	nge	☐ Ad.
NAME			4 2 NAME				
STREET ADDRESS	s 		4.3 STREET ADDRESS				
CITY - ST - ZIP			4.4 CITY - ST - ZIP		·		
TITLE		DELETE.	5.1 TITLE		☐ Cha	nge	∐ Ad
NAME			52 NAME				
STREET ADDRESS		\1	5.3 STREET ADDRESS		٠,		
CITY-ST-ZIP			5.4 CITY - ST - ZIP				
TITLE		DELETE	61 TITLE		☐ Cha	nge	☐ Au
NAME		\	6.2 NAME				
STREET ADDRES	s	,	6.3 STREET ADDRESS				-
CUTY OT THE	/ · \		CACITY CT. 700				

14. If 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 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 Bluck 13 if changes, or on an attachment with an address

SIGNATURE: 💆

4/30/99 (305) 362-9139