

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90114 001 ***150.00

DOCUMENT # M07268

1. Corporation Name
GLASS-TECH CORPORATION

Principal Place of Business

3103 NW 20TH ST.
MIAMI FL 33142

Mailing Address

% NELSON FERNANDEZ
810 LUGO AVE
CORAL GABLES FL 33156
US

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

FERNANDEZ, NELSON
810 LUGO AVE
CORAL GABLES FL 33156

3. Date Incorporated or Qualified

11/01/1984

4. FEI Number

59-2464122

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name Fernandez, Nelson

82 Street Address (P.O. Box Number is Not Acceptable)
7351 S.W. 80th

83

84 City Miami

FL

85 Zip Code 33143

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-16-99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
STREET ADDRESS	FERNANDEZ, NELSON 810 LUGO AVE	
CITY-STATE-ZIP	CORAL GABLES FL	
TITLE	STD	<input type="checkbox"/> DELETE
STREET ADDRESS	MARTINEZ, MIGUEL 3511 SW 139 CT.	
CITY-STATE-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
STREET ADDRESS	FERNANDEZ, NELSON J 9852 SW 145TH ST.	
CITY-STATE-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Nelson Fernandez	
1.3 STREET ADDRESS	7351 S.W. 80th	
1.4 CITY-STATE-ZIP	Miami, FL 33143	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

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 attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nelson Fernandez 4-16-99 (305) 620-6741

Date

Daytime Phone #

CR2E034 (11/98)