FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M23831** **(4)**

1. Corporation Name

J.A.M. SHADES & BLINDS INC.

600001479886
-05/09/95--01012--023
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O JUAN VALDES 25 NW 10TH AVE. MIAMI FL 33128	**NEW ADDRESS** J.A.M. SHADES & BLINDS INC. C/O JUAN VALDES 5405 N.W. 72 AVE. 25 NW 10TH AVE. MIAMI, FL 33166 MIAMI FL 33128

3. Date Incorporated or Qualified: **11/26/1985**
3a. Date of Last Report: **04/13/1994**

2. Principal Place of Business
21: 5405 NW 72 Ave
22: Suite, Apt. #, etc.
23: MIAMI FL
24: 33166 25: Dr

2a. Mailing Address
26: 5405 N.W. 72 Ave.
27: Suite, Apt. #, etc.
28: MIAMI FL
29: 33166 30: County

4. FEI Number: **59-2605099** ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

VALDES, JUAN
25 NW 10TH AVE.
MIAMI FL 33128

NEW ADDRESS
J.A.M. SHADES & BLINDS INC.
5405 N.W. 72 AVE.
MIAMI, FL 33166

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, type or print name of registered agent, if other than a corporation) (NOTE: Registered Agent signature required when name changes) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	11 TITLE	President	☐ Change ☐ Addition
NAME	VALDES, JUAN	12 NAME	JUAN J. VALdes	
STREET ADDRESS	576 W 53RD TERR.	13 STREET ADDRESS	576 W 53 TERR	
CITY ST ZIP	HIALEAH FL	14 CITY ST ZIP	Hialeah, FL 33012	
TITLE	VSD	21 TITLE	Vice President	☐ Change ☐ Addition
NAME	VALDES, ADA	22 NAME	Ada T. VAldes	
STREET ADDRESS	576 W 53RD TERR.	23 STREET ADDRESS	576 W 53 Terr	
CITY ST ZIP	HIALEAH FL	24 CITY ST ZIP	Hialeah, FL 33012	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE	$8.75	☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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 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 above, or on an attachment with an address.

SIGNATURE: Juan J. Valdes Vicepresident 4/27/95 305-642-93 22
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0206087 CP