

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanne B. Matheson
Secretary of State
BUREAU OF CORPORATIONS

DOCUMENT # **M26458**

(3)

1. Corporation Name
SOLEIL SHUTTERS, INC.



Principal Place of Business
**2 RIVER RD., WEST 232 ST.
BRONX NY 10463**

Mailing Address
**2 RIVER RD., WEST 232 ST.
BRONX NY 10463**

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. # etc.	26. State, Apt. # etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

3. Date Incorporated or Qualified 01/27/1986	3a. Date of Last Report 12/01/1995
4. FLE Number 59-2614638	Applied For Not Applicable
5. Certificate of Status Declared <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability, for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KNEZEVICH, PETER
2842 WEST TRADE AVE.
MIAMI FL 33133**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 609 and 610 of the Florida Statutes, the above named corporation binds this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change is authorized by the corporation's board of directors, thereby to accept the appointment as registered agent. This form is valid only to accept the appointment as set forth in Florida Statutes.

12. OFFICERS AND DIRECTORS	13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME DP LARocca, JOSEPH M.	1. NAME 111111
2. STREET ADDRESS 2 RIVER RD., WEST 232 ST. BRONX NY	2. STREET ADDRESS 111111
3. CITY & STATE BRONX NY	3. CITY & STATE 111111
4. ZIP	4. ZIP
5. TITLE	5. TITLE
6. NAME	6. NAME
7. STREET ADDRESS	7. STREET ADDRESS
8. CITY & STATE	8. CITY & STATE
9. ZIP	9. ZIP
10. TITLE	10. TITLE
11. NAME	11. NAME
12. STREET ADDRESS	12. STREET ADDRESS
13. CITY & STATE	13. CITY & STATE
14. ZIP	14. ZIP
15. TITLE	15. TITLE
16. NAME	16. NAME
17. STREET ADDRESS	17. STREET ADDRESS
18. CITY & STATE	18. CITY & STATE
19. ZIP	19. ZIP
20. TITLE	20. TITLE

14. I do hereby certify that the information reported herein is true and correct, and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this document is true and accurate, and that my signature shall have the same legal effect as if made under oath. This information is a matter of public record. The person or persons responsible for compiling this report are required by Chapter 607, Florida Statutes, and that my name appears on the Florida Department of State's website.

SIGNATURE: *Joseph M. La Rocca* **Joseph M. La Rocca** 2/13/96 305 6352312

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)