

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 PM 11:24

DOCUMENT # **M31334**

1. Corporation Name

COLINA WINDOWS AND METALS CORP.

(9)

059

Principal Place of Business

3980 W 16 AVE.
UNIT #205
HIALEAH FL 33012

Mailing Address

3980 W 16 AVE.
UNIT #205
HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/01/1986

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2686743

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

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

Yes

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

COLINA, COLINA
8231 N.W. 172ND ST.
PALM SPRINGS NORTH FL 33015

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

P
COLINA, RENE
8231 N.W. 172ND ST.
PALM SPRINGS N. FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

V
COLINA, ELIZABETH
8231 N.W. 172ND ST.
PALM SPRINGS N. FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

Change Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

Change Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

Change Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

Change Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

Change Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

Change Addition

14. I do hereby certify that the information supplied with this report 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 indicated on this annual report or supplemental 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 of the receiver or trustee appointed 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 addition.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elizabeth Colina

305-823-5278

3-31-95