

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M31334 (9)**
1. Corporation Name
COLINA WINDOWS AND METALS CORP.



Principal Place of Business Mailing Address
3960 W 16 AVE. UNIT #205 HIALEAH FL 33012

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

| | |
|--|--|
| 3. Date Incorporated or Qualified 05/01/1986 | 3a. Date of Last Report 04/04/1995 |
| 4. FEI Number 59-2686743 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> No | |

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 |
| 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 _____ (Name typed or printed name of registered agent and the applicable (NOTE: Registered Agent's signature required when not changed) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|----------------------------|--|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | COLINA, RENE | |
| STREET ADDRESS | 8231 N.W. 172ND ST. | |
| CITY - ST - ZIP | PALM SPRINGS N. FL | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | COLINA, ELIZABETH | |
| STREET ADDRESS | 8231 N.W. 172ND ST. | |
| CITY - ST - ZIP | PALM SPRINGS N. FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----|-----------------|---|
| 11 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 | NAME | |
| 13 | STREET ADDRESS | |
| 14 | CITY - ST - ZIP | |
| 21 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 | NAME | |
| 23 | STREET ADDRESS | |
| 24 | CITY - ST - ZIP | |
| 31 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 | NAME | |
| 33 | STREET ADDRESS | |
| 34 | CITY - ST - ZIP | |
| 41 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 | NAME | |
| 43 | STREET ADDRESS | |
| 44 | CITY - ST - ZIP | |
| 51 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 | NAME | |
| 53 | STREET ADDRESS | |
| 54 | CITY - ST - ZIP | |
| 61 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 | NAME | |
| 63 | STREET ADDRESS | |
| 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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
04/17/96/200/823-5278

CR2E034 (3/96)