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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999 **DOCUMENT #** M44385

1. Corporation Name AMERICAN WINDOW CORPORATION

Principal Place of Business
8500 N.W. 64TH STREET MIAMI FL 33166
US

2. Principal Place of Business

Mailing Address

2a. Mailing Address

8500 N.W. 64TH STREET MIAMI FL 33166

US

26

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90203 019 \*\*\*150.00



Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

01/06/1987

59-2793474

4. FEI Number

21		26					59-2793474		Not	Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certifcate of Status Desired	- <u> </u>	\$8.75 A	dditional		
22							5. Certificate of Status Desired	- LJ .	Fee Rec	quired	
City & State							6. Election Campaign Financing	<u></u>	\$5.00	May Be	
23		28					Trust Fund Contribution		Added to	Fees	
Zip	Country	11-	Zip	Cou	ntry		8. This corporation owes the cur	rent year li	ntangible		
24	25	29		30			Personal Property Tax.	Ť		□No	
-71	9. Name and Address of Curren	<u></u>	tered Agent			-	10. Name and Address of New	Registere	d Agent		
i .			81	Name							
MON	ITERO, ANDRES E		O D D D D D D D D D D D D D D D D D D D								
508 BILTMORE WAY CORAL GABLES FL 33135						82 Street Address (P.O. Box Number is Not Acceptable)					
						·			••		
I					84	City		F	85 Zip C	ode	
<del></del>		0	07 4500 Ft-14- Ct-	40.44 - a 41a a al	Щ	anned terms	ration authority this statement for the		f changing its i	enistered	
l office or re	o the provisions of Sections 607.050 egistered agent, or both, in the State	of Florid	ia. Such change wa	s authorized	I DY I	he corporation	n's board of directors. I hereby acce	pt the app	pintment as reg	istered	
agent. I ar	n familiar with, and accept the obliga	tions of,	Section 607.0505,	Florida Stati	utes.						
SIGNATURE								PATE.			
	Signature, typed or printed name of registered ager				Agent	signature required v	when reinstating) ADDITIONS/CHANGES TO OF	DATE	ND DIPECTOR	2S IN 12	
12.	OFFICERS AN	D DIRE	CTORS ☐ DELETE	13.		<del></del> -	ADDITIONS/CHANGES TO OF	-FICERS A	Change	Addition	
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NAME	monterio, contento				2 NAME						
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CTTY+ST-ZIP	MIAMI FL		·	1.4 CI	TY-ST	-ZIP					
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NAME	MONTERO, SYLVIA			2.2 N	WE						
STREET ADDRESS	3611 SW 15TH STREET			2.3 \$1	REET	ADDRESS					
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NAME ]				3.2 N	ME						
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I I					TY-S1						
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NAME				1	WIE						
STREET ADDRESS				6.3 ST 6.4 CI		ADDRESS	•				

Indicated on this annual report or supplied with this litting does not quality for the exemption stated in Section 1.19.07(3)(i), Fronda Statutes. 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 gn an attachment with an addiress, with all other like empowered.

SIGNATURE: