May 08, 1999 8:00 am Secretary of State

05-08-1999 90060 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000008345

1. Corporation Name

IPS WINDOW FASHIONS, INC.

Principal Place of Business Mailing Address								
3750 WEST 16 AVE								
HIALEAH FL 33	1012	HIALEAH FL 33012 US				DO NOT WRITE IN THIS SPACE		
US		υδ				3. Date incorporated or Qualified 11/25/1992		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For		
21		26				65-0383086 Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional		
22	*	27				5. Certificate of Status Desired Fee Required		
City & Stat	te	City & State				6. Election Campaign Financing S5.00 May Be		
23		28				Trust Fund Contribution Added to Fees		
Zip	Cou	ntry Zip	Cou	ntry		8. This corporation owes the current year Intangible		
24	25	29	30			Personal Property Tax. Yes 12No		
	9. Name and Add	dress of Current Registered Agent				10. Name and Address of New Registered Agent		
4114	1007 11400 1			81	Name			
ALVAREZ, AMADO A					Stroot Add	ress (P.O. Box Number is Not Acceptable)		
10680 SW 113TH PLACE				82	Silest Add	iless (F.O. Box radificer is race Acceptable)		
STE 103 MIAMI FL 33176				83				
				84	City	FL 85 Zip Code		
SIGNATURE		ccept the obligations of, Section 607.0505				ed when reinstating) DATE		
12.	7,7,7	OFFICERS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELET		rle.		☐ Change ☐ Addition		
NAME	PRIETO, JOSE R	JR	1259	ME	i			
STREET ADDRESS	3750 W 16TH AV		1583	i de i	AUDRESS			
CITY-ST-ZIP	HIALEAH FL		1	TY-51	}			
TITLE	VST-	☑ DELET				Change Addition		
NAME	PRIETO, ETNI	-	2.2 N					
STREET ADDRESS	3750 W 16TH AV	E STE 302			ADDRESS			
	HIALEAH FL	2 0.2 002	2.4 C					
CITY-ST-ZIP	THALLATTE	☐ DELETI			1-2P	☐ Change ☐ Addition		
		_ 56667	3.2 N/					
NAME			L.	-	ADDRESS			
STREET ADDRESS								
CITY-ST-ZIP	<u></u>	□ DELETI	3.4. C		1-219	☐ Change ☐ Addition		
	}	<u> </u>	4.2N					
NAME					ADDDCCC			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		☐ DELETI	4.4 CI E 5.1 TI		-ZIP	☐ Change ☐ Addition		
TITLE		DECEN	5.1 II			_ Situage _ Addition		
NAME					ADDRESS			
STREET ADDRESS			5.4 CF					
CITY-ST-ZIP		□ DELETI			-217	☐ Change ☐ Addition		
TITLE		LJ DEEE11	6.2 NA		j	; Change] Addition		
NAME	1		0.2 NA	u∀IE.	ı			

14. I hereby certify that the information supplied with this filling 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 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

DOSE REPRIETO-PRESIDENT- 4/7/99

(305) 557-2041

Daytime Phone #