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

PROFIT CORPORATION ANNUAL REPORT

1996



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

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SIGNATURE:

P92000013431 (1)

## ALLSTATE GLASS AND ALUMINUM COMPANY

Principal Place of Business Mailing Address 19929 NW 62ND AVE 19929 NW 62ND AVE HIALEAH FL 33015 HIALEAH FL 33015 3. Date Incorporated or Qualified 3a. Date of Last Report 12/22/1992 01/18/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0375373 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Country Country B. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 ☐ Yes ☐ No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MARZOA, JORGE L 82 Street Address (P.O. Box Number is Not Acceptable) 19929 NW 62ND AVE 83 HIALEAH FL 33015 84 City Zip Code 85 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 (NOTE Registered Agent signature required when reinstating) Signative, typical or printed name of registered agent and little diapplicable OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1 1 Title Change Addition **GUSTAVO. ALFONSO** 1.2 NAME 437 SE 2 ST. STREET ADDRESS. 1.3 STREET ADDRESS HIALEAH FL C-1Y - ST - Z/P 14 CITY-ST-ZIP Tillef DELETE 2 1 TITLE Change Addition 8,8340 22 NAME STREET ADDRESS 23 STREET ADDRESS CHY ST-ZP 24 CHTY-ST-ZIP TILLE DELETE 3 1 THUE Change Addition 3.2 NAME STREET ADDRESS. 3.3 STREET ADDRESS CHY-S1-7/P 34 CiTY-ST-ZiP DELETE THE 4 1 1 I I I F Change Addition NAM. 4.2 NAME SUREFULADORESS 4.3 STREET ADDRESS CHY SI ZIF 4.4 CITY-ST-ZIP TILLE DELETE 5 1 TITLE Change ☐ Addition 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6 1 TITLE ☐ Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CHY ST ZIP 6.4 CITY - ST - ZIP

14. Ido 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 cath, that I am an officer or direction of the conforation of 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 18/11 changes for on any afacthment with an address.

CR2E034 (12/95)

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