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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000035061 (9)

CRUZ GLASS & ASSOCIATES CORP.

## **FILED** Apr 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							1 18011891 110 19100 (FILL BOLL) DOLL BOLL BOLL BOLL BILL BOLL BOLL	
11939 SW 39TH TER 11939 SW 39TH TER MIAMI FL 33175 MIAMI FL 33175								DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualified
								05/14/1993
2. Principal Pi	lace of Busine	988	20.	2e. Mailing Address				4. FEI Number Applied For
21			26					65-048 1075 Not Applicable
Suite, Apt.			27					5. Certificate of Status Desired See Required Fee Required
City & State			28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees
Zip		Country	<u>├</u>			intry	f	8. This corporation owes or has paid the current year Intangible
24		15]	29	29 30				Personal Property Tax due June 30. Yes No
		ind Address of C	urrent Regis	tered Agent		81	Marra	10. Name and Address of New Registered Agent
	KUZ, JORGE					01	Name	
	939 SW 391 AMI FL 3317					82	Street Add	dress (P.O. Box Number is Not Acceptable)
						83		
			_			84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 697.0503 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								
Signalus, typed or gripted name of registered agent and title (Lamplicable (NOTE: Registered Agent						ent signature req	uired when reinslating) DATE	
12.	إسل	OFFICER	S AND DIREC	·	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	OP V			☐ DELETE	1.1 TI	TLE		Change Addition
NAME	CRUZ, J				1.2 N	AME		
STREET ADDRESS		W 39TH TER	<b>i</b> R 135			REET	ADDRESS	
CITY-ST-ZIP	MIAMI FI	_ 33175					T-ZIP	
TITLE				☐ DELETE		2.1 TITLE		Change Addition
NAME					2.2 NAM			
STREET ADDRESS					2.3 ST	REET	ADDRESS	
CITY-ST-ZIP							ST-ZIP	
TITLE				☐ DELETE	_			Change
NAME					3.2 N/			
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP							ST-ZIP	Ob
TITLE				☐ hereir	4.1 TO			☐ Change ☐ Addition
NAME ATRICT ADDRESS					4.2 N		ADDRESS.	
\$TREET ADDRESS							ADDRESS IT-ZIP	
CITY-ST-ZIP TITLE		<del></del>		DELETE	5.1 TI		11 - ZIF	☐ Change ☐ Addition
NAME					5.2 N/			
STREET ADDRESS					4		ADDRESS	
CITY-ST-ZIP					5.4 CI			
TITLE	· <del></del> ····			DELETE	5.4 CI		n-zir	☐ Change ☐ Addition
NAME			*		6.2 NA			- Change - Troumon
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP					6.4 CI	1Y-S	ii-ziP	

I hereby certify that the information sypplied with this filing 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 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 13 if changed, of on an attachment with an address.