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PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

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Apr 17 1997 8:00am

Secretary of State

305-651-2010

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300036006 (3)

AMERICAN SHUTTERS COMPANY OF MIAMI, INC.

Principal Place of Business Mailing Address 18361 N.E. 4TH COURT 18361 N.E. 4TH COURT N. MIAMI BEACH FL 33179-4523 N. MIAMI BEACH FL 33179 3. Date incorporated or Qualified 3a. Date of Last Report 05/14/1993 06/11/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-3194143 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name Wolnik, Hubert 18361 N.E. 4TH COURT Street Address (P.O. Box Number is Not Acceptable) N. MIAMI BEACH FL 33179 В3 City 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 Signature, typical or printed name of registered agont and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13, DVPS □ DELETE 1.1 TITLE ☐ Change ☐ Addition THE WOLNIK, HUBERT NAME 1.2 NAME 18361 N.E. 4TH COURT STREET ADORESS 1.3 STREET ADDRESS N. MIAMI BEACH FL 1.4 CITY-ST-ZIP CHY-ST-ZIP DΡ DELETE Change Addition TITLE 2.1 TITLE JONAS, BELA NAME 2.2 NAME 18361 N.E. 4TH COURT STREET ADORESS 2.3 STREET ADDRESS N. MIAMI BEACH FL 2. 4 CITY - ST - ZIP CITY - ST - 20 DELETE Change Addition THLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST- ZIP CHY-ST-ZIF DELETE Addition 4.1 TITLE THLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CHY ST-ZIP Change Addition DELETE 5.1 TITLE 1-116 NAMi 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CHY ST-Zir DELETE Change Addition TILLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 6.4 C(TY - ST - ZIP 14. I do 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

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR