

3-12-97 B 2936 C  
 FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
 Mar 12 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000046247 (1)  
 1. Corporation Name  
 PREMIUM WINDOW SALES, INC.



Principal Place of Business: 7321 SW 45TH ST MIAMI FL 33155  
 Mailing Address: 7321 SW 45TH ST MIAMI FL 33155-4509

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	22	26	27	06/30/1993	03/04/1996
4. FEI Number		5. Certificate of Status Desired		Applied For	
65-0421869		<input type="checkbox"/>		Not Applicable	
6. Election Campaign Financing		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		\$8.75 Additional Fee Required	
Trust Fund Contribution <input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MANASA, JOHN 7321 SW 45TH ST MIAMI FL 33155				81 Name	MEHADAD FAHIMIPOUR		
				82 Street Address (P.O. Box Number is Not Acceptable)	7321 SW 45 ST		
				83			
				84 City	MIAMI	85 State	FL
						Zip Code	33155

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 I accept, the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Mehdad Fahimi Pour* DATE: 2/26/97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	MANASA, JOHN	<input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	CR2E034 (9/96)
NAME	MANASA, JOHN		1.2 NAME	MEHADAD FAHIMIPOUR			
STREET ADDRESS	7321 SW 45TH ST		1.3 STREET ADDRESS	7321 SW 45 ST.			
CITY-STATE-ZIP	MIAMI FL 33155		1.4 CITY-STATE-ZIP	MIAMI, FL. 33155			
TITLE	<del>PRES</del>	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<del>MEHADAD FAHIMIPOUR</del>		2.2 NAME				
STREET ADDRESS	<del>7321 SW 45 ST</del>		2.3 STREET ADDRESS				
CITY-STATE-ZIP	<del>MIAMI, FL. 33155</del>		2.4 CITY-STATE-ZIP				
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-STATE-ZIP			3.4 CITY-STATE-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-STATE-ZIP			4.4 CITY-STATE-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-STATE-ZIP			5.4 CITY-STATE-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-STATE-ZIP			6.4 CITY-STATE-ZIP				

14. I do hereby certify that the information supplied 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 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.

SIGNATURE: *[Signature]* DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_