Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90008 040 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000046247**

1. Corporation Name

	M WINDOW SALES, INC.							
Principal Place	e of Business	Mailing Address					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
7321 SW 45TH ST 7321 SW 45TH ST MIAMI FL 33155 MIAMI FL 33155					DO NOT WR	ITE IN THIS	SPACE	
-		<u> </u>	-	√ فسيد دم	3. Date Incorporated or Qualifed 06/30/1993			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number 65-0421869		<u> </u>	olied For Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A	
City & State	9	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	, ,
Zip	Country	Zip	Country	,	This corporation owes the cur Personal Property Tax.	rent year Inta	angible	□No
24	25	29 30			10. Name and Address of New	Registered :		
	9. Name and Address of Curre	nt registered Agent	81	Name	IV. Haille allo Addition of Hem		-97	
	IMIPOUR, MEHADAD		82		ress (P.O. Box Number is Not Accep	table)		
	I SW 45TH ST MI FL 33155		83			*		
			84	0.4			85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes, t	he above	e-named corp	poration submits this statement for the	FL purpose of ppt the appoir		
agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	ations of, Section 607.0505, Florida	he above rized by Statutes	e-named corp the corporation.	oration submits this statement for the on's board of directors. I hereby acce	purpose of ept the appoint		
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Florida	he above rized by Statutes	e-named corp the corporation.		DATE	changing its of the changi	registered jistered
agent. I a	m familiar with, and accept the oblig	ent and title if applicable. (NOTE: Regi	he above rized by Statutes	e-named corp the corporation.	d when reinstating)	DATE	changing its of the changi	registered jistered
agent. I a SIGNATURE 12.	M familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A	ent and title if applicable. (NOTE: Regi	he above rized by Statutes istered Agen 13.	e-named corp the corporation.	d when reinstating)	DATE	changing its interest as reg	registered pistered
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CITY-ST-ZIP 14. I 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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

NAME

TITLE SHEET!

STREET ADDRESS

☐ DELETE

305-266-45/6

Change

Addition