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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

May 21 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	I SHADE, INC.	100055676 (9)						
Principal Place of Business Mailing Address					A TORUMON THE SPINO THIS ORIGINAL DEPAIL	/EIII	JAN 61418 BIIII I	TRID GEN FADL
17260 SW 146 COURT 17260 SW 146 COURT								
MIAMI FL 33	177	MIAMI FL 33177			DO NOT HIDE	F 161 TO 16	ODAOC	
US		U\$			DO NOT WRIT		SPACE	
•					08/05/1993			
2. Principal P	lace of Business	2a. Mailing Address			4. FE! Number			applied For
26					65-0437624			lot Applicable
		Suite, Apt. #, etc.				*		Additional
22 27		27			5. Certificate of Status Desired	7	Fee R	Required
City & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution	П		May Be
Zip	Country Zip			Country 8. This corporation owes or has pa		aid the c		
24					Personal Property Tax due June 30. Yes No			
ļ	9. Name and Address of Cu	irrent Registered Agent		T 41.	10. Name and Address of New R	egistered	I Agent	
	ONDE, YVONNE		81	Name				
7736 NW 76 AVE. MIAMI FL 33166			82	Street Add	ress (P.O. Box Number is Not Accepta	ible)		
i *****			83					
ļ			84	City	***************************************		85 Zip	Code
				•		FL	L ' '	
11. Pursuant office or r agent. La	to the provisions of Sections 607, egistered agent, or both, in the S m familiar with, and accept the o	.0502 and 607 1508, Florida Statut itate of Florida. Such change was a bligations of, Section 607.0505, Flo	es, the above authorized by orida Statutes	e-named corp the corporals.	poration submits this statement for the lion's board of directors. I hereby according	purpose o	of changing i pointment as	its registered registered
SIGNATURE								
Signature, typed or printed name of regulared agent and take if apply able (NOTE 12. OF FICE RS AND DIRECTORS				egistered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1			DO 111.10	
TITLE	D DELETE		13.		ADDITIONS/CHANGES TO OFF	CEHS AN	Change	HS IN 12
NAME	CONDE, PETER J		1.2 NAME				ப	
STREET ADDRESS	7736 NW 76 AVE		1.3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL		1.4 CITY-S					
TITLE	\$	DELETE	2.1 TITLE				Change	Addition
NAME	CONDE, YVONNE		2.2 NAME				-	
STREET ADDRESS	7736 NW 76 AVE.		2.3 STREET	ADDRESS		1		
CITY-ST-ZIP	MIAMI FL 33166		2. 4 CITY - 9	ST-2IP				
TITLE		DELETE	3.1 TITLE			-	Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP		T DELETE	3.4. CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE				L Change	☐ Addition
NAME CTREET ADDRESS			4. 2 NAME					
STREET ADORESS CITY-ST-ZIP			4.3 STREET ADDRESS					
TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE				Change	Addition
NAME			5.2 NAME				L. Criange	LJ AUGIGION
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP	■		5.4 CITY - ST	1				
TITLE		☐ DEL€TE	6.1 TITLE				Change	Addition
NAME			6.2 NAME				•	
STREET ADDRESS			6.3 STREET	ADDRESS				

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. אוואא (215) DAR 2009