


FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90058 039 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P 93000055676 ✓ 1. Corporation Name Solar Shade, Inc			
Principal Place of Business		Mailing Address	
17260 SW 146 Ct Miami FL 33177			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified	
21	26	August 1993	
Suite, Apt. #, etc.		4. FEI Number	
22	27	65-0437624	
City & State		Applied For	
23	28	Not Applicable	
Zip	Country	5. Certificate of Status Desired	
24	25	X	
		\$8.75 Additional Fee Required	
29		6. Election Campaign Financing	
30		Trust Fund Contribution	
		7. This corporation owes the current year Intangible Personal Property Tax.	
		8. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Peter Conde 17260 SW 146 Ct Miami, FL 33177		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 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		DATE	
KATHERINE HARRIS		6/2/99	
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		1.2 NAME	
President		Peter Conde	
1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
17260 SW 146 Ct Miami FL 33177			
2.1 TITLE		2.2 NAME	
Secretary		Yvonne M Conde	
2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
17260 SW 146 Ct Miami FL 33177			
3.1 TITLE		3.2 NAME	
3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
4.1 TITLE		4.2 NAME	
4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
5.1 TITLE		5.2 NAME	
5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
6.1 TITLE		6.2 NAME	
6.3 STREET ADDRESS		6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99 (305) 251-8468
 Date Daytime Phone #

CR2E034 (1/98)