FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

AND FILED

PM 3:47

DOCUMENT # **P93000057960 (5)**

1. Corporate Name

ALL HURRICANE SHUTTERS INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
10120 S.W. 83RD AVE. MIAMI FL 33156	10120 S.W. 83RD AVE. MIAMI FL 33156

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: **08/18/1993**	3a. Date of Last Report: **05/01/1994**
2. Principal Place of Business — 21	2a. Mailing Address — 26
Suite, Apt. # or Other — 22	Suite, Apt. # or Other — 27
City & State — 23	City & State — 28
Zip — 24 / County — 25	Zip — 29 / Country — 30
4. FEI Number: **65-0430616**	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has validly elected to be taxed as an "S" corporation under Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WEISS, ROBERT **10120 SW 83RD AVE** **MIAMI FL 33156**	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 (If changing Registered Agent, Registered Agent must sign) (If changing Registered Agent's address, Registered Agent must sign above) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
61 TITLE	P	61 TITLE	☐ Change ☐ Addition
62 NAME	WEISS, ROBERT	62 NAME	
63 STREET ADDRESS	10120 SW 83RD AVE	63 STREET ADDRESS	
64 CITY-ST-ZIP	MIAMI FL	64 CITY-ST-ZIP	
65 TITLE	S	65 TITLE	☐ Change ☐ Addition
66 NAME	SANTANA, MANUEL	66 NAME	
67 STREET ADDRESS	227 SW 15 AVE	67 STREET ADDRESS	
68 CITY-ST-ZIP	MIAMI FL	68 CITY-ST-ZIP	
69 TITLE		69 TITLE	☐ Change ☐ Addition
70 NAME		70 NAME	
71 STREET ADDRESS		71 STREET ADDRESS	
72 CITY-ST-ZIP		72 CITY-ST-ZIP	
73 TITLE		73 TITLE	☐ Change ☐ Addition
74 NAME		74 NAME	
75 STREET ADDRESS		75 STREET ADDRESS	
76 CITY-ST-ZIP		76 CITY-ST-ZIP	
77 TITLE		77 TITLE	☐ Change ☐ Addition
78 NAME		78 NAME	
79 STREET ADDRESS		79 STREET ADDRESS	
80 CITY-ST-ZIP		80 CITY-ST-ZIP	
81 TITLE		81 TITLE	☐ Change ☐ Addition
82 NAME		82 NAME	
83 STREET ADDRESS		83 STREET ADDRESS	
84 CITY-ST-ZIP		84 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this report is accurately transcribed and does not qualify for the exemptions 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 above, or on an attachment with an address.

SIGNATURE: Robert Jay Weiss — 4/30/95 — 305 270-3211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0160772 CP