## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE: (

P93000068650 (9)

## DOCUMENT # **ACTO GARAGE DOORS CORPORATION**

Principal Place of Business Mailing Address  1710 W 40TH ST 1710 W 40TH ST BAY 10 HIALEAH FL 33012 BAY 10 HIALEAH FL 33012										
9 Principal F	No.					3. Date Incorporated or Qualified 10/04/1993		te of Lasi		
21 Ca	Place of Business  The Us a Soure	2a. Mailing Address		•		4. FE! Number	⊥	04/20		
Suite, Apt.		26 Same	10 48	بط	ue_	65-0440339		-	Applied For Not Applicable	
22 City & Stat	·	Sulte, Apt. #, etc.	7.45.6			5. Certificate of Status Desired			75 Additional e Required	
<b>23</b> Zip	Country	City & State	T			Election Campaign Financing     Trust Fund Contribution		<b>\$5.</b>	.00 May Be	
24	25	Zip <b>29</b>	Countr	У		8. This corporation has liability for it	ntangible tr	ax under	s 199.032	
	9, Name and Address of Curre	nt Registered Agent	30			Florida Statutes  Yes	No			
			81	īT-	Name	10. Name and Address of New Re	egistered	Agent		
CUEV	AS, ANGEL T									
1710 1	W 40TH ST		82	2	Street Addre	ess (P.O. Box Number is Not Acceptable	0)			
BAY 1			83	1						
HIALE	AH FL 33012			L						
			84		City		FI	85 4	Zip Code	
<ol> <li>Pursuant to or register</li> </ol>	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-	L. nar	ned corpora	ation submits this statement for the purp	<u> </u>	4		
familiar wit	th, and accept the obligations of, Sect	ia. Such change was authorize ion 607.0505, Florida Statutes.	ed by the corp	ora	ation's board	ation submits this statement for the purp d of directors. I hereby accept the appoi	lose of cha intment as	nging its register∉	i registered offic ed agent. I am	
SIGNATURE										
12,	Signature typed or printed name of registered agent		E Registered Ager	nt sig	gnature required	when reinstating)	DATE			
TITLE	OFFICERS AND PSD	J DINECTORS	13.			ADDITIONS/CHANGES TO OFFIC		DIRECT	OPS IN 10	
NAME	CUEVAS, ANGEL T	☐ DELETE	1. 1 TITLE					Change		
STREET ADDRESS	1710 W 40TH ST BAY 10		1.2 NAME							
CITY-ST-ZIP	HIALEAH FL 33012		1.3 STREET	ADI	DRESS					
TITLE	VD	DELETE	1.4 CITY-S	1- Z	IP					
NAME	GONZALEZ, AMALIA		2 1 TITLE				Ľ	] Change	Addition	
STREET ADDRESS	1710 W 40TH ST BAY 10		2.2 NAME							
CITY-ST-ZIP	HIALEAH FL 33012		2.3 STREET							
TITLE	TD	[ ] DELETE	3.1 TITLE	T - ZI	P					
(AME	CUEVAS, MIRIAM	C section	3.4 DILE 3.2 NAME		1			Change	Addition	
TREET ADDRESS	1710 W 40TH ST BAY 10		3.2 NAME 3.3 STREET		Noren					
ITY-ST-ZIP	HIALEAH FL 33012									
TILE		DELETE	4. 1 TILLE	- 21						
AME			4.2 NAME					Change	☐ Addition	
TREET ADDRESS			4.3 STREET A	4DD4	RESS					
ITY-ST-ZIP			4.4 CITY-ST		1					
TLE		☐ DELETE	5 1 THLE	<u> </u>			F-1	Cha		
AME			5.2 NAME		1			Change	☐ Addition	
REET ADDRESS			5.3 STREET A	.DDF	RESS					
TY-ST-ZIP TLE			5.4 DITY-ST-	- ZIP	. ]					
IME		☐ DELETE	6. 1 TITLE		·			Change	☐ Addition	
REET ADDRESS			62 NAME				LJ	อาเมายูร	ווטוויטטית 🗀	
			63 STREET A	DDR	ESS					
IV-SI-ZIP	certify that the information name?	h. Alice Clarification	6.4 CITY - ST-	ŽIP						
certify that the oath; that I a appears in B	he information indicated on this annual am an officer or director of the corpora Block 12 or Block 13 if changed, or on	report or supplemental annual tion or the receiver or trustee ean attachment with an address	ed and does r report is true mpowered to s.	not an ex	qualify for the discourage accurate a discourage accurate accurate this re	the exemption stated in Section 119.07( and that my signature shall have the san sport as required by Chapter 607, Florida	3)(k), Florid ne legal eff a Statutes;	a Statute ect as if and that	s. I further made under t my name	