

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000085917**

1. Corporation Name

VEGA WINDOWS & AUTO GLASS, INC

Principal Place of Business

Mailing Address

**2113 W. 60TH ST
HIALEAH, FL 3316**

**1132 W. 70TH PL
HIALEAH, FL 33014**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

12/13/93

1995

4. FEI Number

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 liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

**CANDIDO D. VEGA
2113 W. 60TH ST
HIALEAH FL 33016**

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

Signature, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when changing)

(NOTE:)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME **PRESIDENT**

12 NAME

STREET ADDRESS **CANDIDO D. VEGA**

13 STREET ADDRESS

CITY-STATE-ZIP **1132 W. 70TH PLACE**

14 CITY-STATE-ZIP

HIALEAH FL 33014

TITLE ☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME **V-PRESIDENT**

22 NAME

STREET ADDRESS **JOSUE F. SANTANA**

23 STREET ADDRESS

CITY-STATE-ZIP **41 NW 6TH AVE. HOMESTEAD FL**

24 CITY-STATE-ZIP

TITLE ☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME **TREASURER**

32 NAME

STREET ADDRESS **MARIA VEGA**

33 STREET ADDRESS

CITY-STATE-ZIP **1132 W. 70TH PL**

34 CITY-STATE-ZIP

HIALEAH FL 33014

TITLE ☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME **SECRETARY**

42 NAME

STREET ADDRESS **JOSE DE MORA**

43 STREET ADDRESS

CITY-STATE-ZIP **19920 NW 62ND AVE.**

44 CITY-STATE-ZIP

MIAMI, FL 33015

TITLE ☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY-STATE-ZIP

54 CITY-STATE-ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY-STATE-ZIP

64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **Candido D. Vega**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-96

828-3878

Display Phone

CR2E034 (12/95)