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PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12



FLORIDA DEPARTMENT OF STATE

FILED

May 08 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000085917 (1)

VEGA WINDOWS & AUTO GLASS, INC.

Principal Place of Business Mailing Address 2113 W BOTH ST. 1132 W-ZQTH PL. HIALEAH FL 33016 HIALEAH EDBO145113 3a. Date of Last Report 3. Date Incorporated or Qualified 12/13/1993 07/09/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0455666 21 Not Applicable Suito Apt #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 /1920 N 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country This corporation has liability for intangible tax under s. 199,032. Florida Statutes Yes ∐ No 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent YEGA CANDIDO D 81 2113 W-08TH ST. 82 MALEAH FL 33016 83 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment of State of Florida State of State 11. Pursuant to t ie provisions d file of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointmingations of Section 607.0505, Florida Statutes. office or reg tered agent. agent Lar SIGNATUR Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTOR 12. 13. 96/6) Change Add-tion 1.1 TITLE THUE vega, candidó d 1.2 NAME 1132 W. 70TH PL HIALEAH FL 3301 1.3 STREET ADDRESS STREET ADDRESS COLY: ST. ZIP 1.4 CITY - ST - ZIP Change DELETE 2.1 TITLE THE VEGA, NIDIA NAME 2.2 NAME V-PREXDEM, TREASURER 1132 W 78TH PL STREET ADDRESS 2.3 STREET ADDRESS HIALEÁH FL 33014 CHTY - ST - ZIV 2. 4 CITY - ST- ZIP DELETE 3.1 TITLE HILLE DE MOYA, JOSE NAME 3.2 NAME 11920 NW 62ND AVE. 3.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33015 34. CITY-ST-ZIP CHA-SI ZIP □ DELETE THE 4.1 TITLE NAME 4 2 NAME 4 NAW BTH XVE STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY ST-20 DELETE 51 TITLE Change ■ Addition TITLE NAME 5.2 NAME STESET ADORESS **53 STREET ADDRESS** 54 CITY - ST - ZIP City-St 20 THE DELETE 61 TITLE Change ___ Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CHY-St 2d 64 CITY-ST-ZIP 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 annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name I do hereby certify that the information indicated on t

chment with an address.