FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -8 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000001720 (9)**

1. Corporation Name

ADVANCED STOREFRONT & GLASS, INC.

Principal Place of Business	Mailing Address
14340 SW 142 AVENUE MIAMI FL 33186 US	14340 SW 142 AVENUE MIAMI FL 33186 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/30/1993

3a. Date of Last Report: 06/21/1994

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: 64-0458239 ☐ 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

9. Name and Address of Current Registered Agent

ALAN M. BURGER, P.A.
9990 S.W. 77TH AVE.
PENTHOUSE 5
MIAMI FL 33156

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPST	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	IKEDA, JERRY A	1.2 NAME	Ikeda, Jerry A.	
STREET ADDRESS	14340 SW 142 AVENUE	1.3 STREET ADDRESS	14340 S.W. 142 Ave.	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, Fl 33186	
TITLE	DV	2.1 TITLE	CD	☒ Change ☐ Addition
NAME	WILLIAMS, THOMAS	2.2 NAME	Williams, Thomas	
STREET ADDRESS	10900 S.W. 80TH AVE.	2.3 STREET ADDRESS	10900 S.W. 80th Ave.	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, Fl 33156	
TITLE		3.1 TITLE	ST	☐ Change ☒ Addition
NAME		3.2 NAME	Williams, Roger D.	
STREET ADDRESS		3.3 STREET ADDRESS	9431 S.W. 184 Terrace	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, Fl. 33157	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-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)(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 ~~Block~~ 13 if changed, or on an attachment with an address.

SIGNATURE: Roger D. Williams ROGER D. WILLIAMS 2-28-95 (305)256-4237

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

0202030 CP