

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

7 CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra H. Northing Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000017256 (6)

1. Corporation Name:

ALUFAB HURRICANE SHUTTERS, INC.

Principal Place of Business 2349 N.W. 147TH STREET OPA LOCKA FL 33054	Mailing Address 2349 N.W. 147TH STREET OPA LOCKA FL 33054
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2. Principal Place of Business 2349 N.W. 147TH STREET OPA LOCKA FL 33054		2a. Mailing Address 2349 N.W. 147TH STREET OPA LOCKA FL 33054		3. Date of Corporation's Fiscal Year 03/04/1994	3a. Date of Last Report
21. State Agent # 	26. State Agent # 	4. File Number 65-0489540		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
22. City & State 	27. City & State 	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		7. This corporation has liability for adequate tax under 15, 19410/52 ☐ Not Applicable	
23. Zip 	28. Zip 	8. This corporation has liability for adequate tax under 15, 19410/52 ☐ Not Applicable			
24. Zip 	25. Zip 	29. Zip 	30. Zip 		

9. Name and Address of Current Registered Agent GREENE, HAROLD L 801 BRICKELL AVENUE SUITE 401 MIAMI FL 33131		10. Name and Address of New Registered Agent 81. Name 82. Street Address (if C) (See Remarks if Not Applicable) 83. 84. City 85. Zip Code FL	
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11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation is duly organized under the laws of the State of Florida, and that the above named corporation is duly qualified to do business in the State of Florida. I am a duly qualified agent of the State of Florida. I am a duly qualified agent of the State of Florida. I am a duly qualified agent of the State of Florida.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN C	
12a. NAME PD ANDRADE, ROBERT A 2359 NW 97 LANE CORAL SPRINGS FL 33065	12b. NAME VD ANDRADE, RICHARD D 5210 NW 75 AVENUE LAUDERHILL FL 33139	13a. NAME 	13b. NAME
12c. NAME 	12d. NAME 	13c. NAME 	13d. NAME
12e. NAME 	12f. NAME 	13e. NAME 	13f. NAME
12g. NAME 	12h. NAME 	13g. NAME 	13h. NAME
12i. NAME 	12j. NAME 	13i. NAME 	13j. NAME
12k. NAME 	12l. NAME 	13k. NAME 	13l. NAME
12m. NAME 	12n. NAME 	13m. NAME 	13n. NAME
12o. NAME 	12p. NAME 	13o. NAME 	13p. NAME
12q. NAME 	12r. NAME 	13q. NAME 	13r. NAME
12s. NAME 	12t. NAME 	13s. NAME 	13t. NAME
12u. NAME 	12v. NAME 	13u. NAME 	13v. NAME
12w. NAME 	12x. NAME 	13w. NAME 	13x. NAME
12y. NAME 	12z. NAME 	13y. NAME 	13z. NAME

14. I, the undersigned, certify that the information supplied with this filing is truthful, full and correct, and that the corporation is duly organized under the laws of the State of Florida, and that the above named corporation is duly qualified to do business in the State of Florida. I am a duly qualified agent of the State of Florida. I am a duly qualified agent of the State of Florida. I am a duly qualified agent of the State of Florida.

SIGNATURE: *Richard D. Andrade* **Richard D. Andrade** *slckhs* **305 688-4701**

