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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P94000017256 (6)

ALUFAB HURRICANE SHUTTERS, INC.

FILED Apr 30 1997 8:00am Secretary of State

Principal Place of Business 2349 N.W. 147TH STREET OPA LOCKA FL 33054		Mailing Address 2349 N.W. 147TH STREET OPA LOCKA FL 33054-3127					
				3. Date Incorporate 03/04/1994	d or Qualified 3a. Date of 07/30/	of Last Report	
2. Principal	Place of Business	2a. Mailing Address	·····	4. FEI Number		Applied For	
21		26		65-0489240		Not Applicable	
Suite, A _l 22	ot #, etc.	Suite, Apt. #, etc.		5. Certificate of Sta	tus Desired 🔲	8.75 Additional Fee Regulred	
City & St	ale	City & State		6. Election Campai	on Financino	\$5.00 May Be	
23		28		Trust Fund Contr		Added to Fees	
Zip	Country	Zip	Country	· ·	has liability for intangible tax		
24	25 9. Name and Address of Curr	29 29 ent Registered Agent	30	Fiorida Statutes 10 Name and Addr	Yes New Registered Age		
لفـــــ	REENE, HAROLD L		81 Nam	16 D 1 -	ANDRADE		
	HENCKELL AVENUE		82 Stree	et Address (P.O. Box Number			
S	JITE 401			et Address (P.O. Box Number	75 7		
M	AMI-FL 33131		83				
			84 City	OPA Locka	FL ⁶	5 Zip Code	
11. Porsua	rit to the provisions of Sections 607.0	502 and 607.1508. Florida Statut	es, the above-name			angino its registered	
agent	r registered agent, or both, in the Sta Lam lamitur with, and accept the obl	igations of Section 607.0505, Flo	orida Statutes.		Hear 25		
SIGNATUR.	Signature, typical or priched name of registroed a	agent and little if applicable (NOT	E: Registered Agent signet	ture required when reinstating)	DATE		
12.	Signature, typica or printed name of registrond a OFFICE RS A	agent and life if applicable (NOT ND DIRECTORS	13.		DATE NGES TO OFFICERS AND DI	RECTORS IN 12	
12.	Signativit, typed or printed name of registered a OFFICERS A	agent and little if applicable (NOT	13. 1.1 TITLE				
12. 1 TLE NAME	OFFICERS A PD ANDRADE, ROBERT A	agent and life if applicable (NOT ND DIRECTORS	13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHAP		RECTORS IN 12	
12.	OFFICERS A PD ANDRADE, ROBERT A 2359 NW 97 LANE	agent and life if applicable (NOT ND DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHAP		RECTORS IN 12	
12. TILE NAME STAFF ADDRES	OFFICERS A PD ANDRADE, ROBERT A 2359 NW 97 LANE CORAL SPRINGS FL 33085 VD	agent and life if applicable (NOT ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES	ADDITIONS/CHAP		RECTORS IN 12	
12. 1 TLE NAME STREET ADDRES C-TY-ST-ZEP	PD ANDRADE, ROBERT A 2359 NW 97 LANE CORAL SPRINGS FL 33085 VD ANDRADE, RICHARD D	agent and life if applicable (NOT NDD DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES 1.4 CITY - ST-ZIP 2.1 TITLE 2.2 NAME	ADDITIONS,CHAP s		RECTORS IN 12 Change Addition	
12. THE NAME STREET ADDRES C-1Y-ST-ZIP THEE NAME STREET ADDRES	PD ANDRADE, ROBERT A 2359 NW 97 LANE CORAL SPRINGS FL 33085 VD ANDRADE, RICHARD D 5210 NW 75 AVENUE	agent and life if applicable (NOT NDD DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRES	ADDITIONS,CHAP s		RECTORS IN 12 Change Addition	
12. 1 THE NAME STRYFF ADDRES CHY-ST-ZIP TITUS NAME	PD ANDRADE, ROBERT A 2359 NW 97 LANE CORAL SPRINGS FL 33085 VD ANDRADE, RICHARD D	agent and life if applicable (NOT NDD DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES 1.4 CITY - ST-ZIP 2.1 TITLE 2.2 NAME	ADDITIONS,CHAP s		RECTORS IN 12 Change	
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12. THE NAME SINGELADDRES CHY-ST-ZIP THUS NAME STREELADDRES CHY-ST-ZP HITE	OFFICERS A PD ANDRADE, ROBERT A 2359 NW 97 LANE CORAL SPRINGS FL 33065 VD ANDRADE, RICHARD D 5210 NW 75 AVENUE LAUDERHILL FL 33139	agent and little if applicable (NOT IND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRES 2.4 CITY-ST-ZIP 3.1 TITLE	S ADDITIONS/CHAP		RECTORS IN 12 Change	
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12. TILE NAME SINGLEADORES CHY-SI-ZP TITLE NAME SIREELADORES CHY-SI-ZP	OFFICERS A PD ANDRADE, ROBERT A 2359 NW 97 LANE CORAL SPRINGS FL 33085 VD ANDRADE, RICHARD D 5210 NW 75 AVENUE LAUDERHILL FL 33139	Agent and life if applicable (NOT IND DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRES 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRES 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRES 4.4 CITY - ST - ZIP 4.1 STREET ADDRES 4.4 CITY - ST - ZIP	S ADDITIONS/CHAP		RECTORS IN 12 Change	
12. THE NAME STREEL ADDRES CHY-ST-ZP THEE NAME STREEL ADDRES CHY-ST-ZP HEE NAME STREEL ADDRES CHY-ST-ZP THEE NAME	OFFICERS A PD ANDRADE, ROBERT A 2359 NW 97 LANE CORAL SPRINGS FL 33085 VD ANDRADE, RICHARD D 5210 NW 75 AVENUE LAUDERHILL FL 33139	Agent and life if applicable (NOT IND DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRES 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRES 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRES 4.4 CITY-ST-ZIP 5.1 TITLE	S ADDITIONS/CHAP		RECTORS IN 12 Change	
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12. TILE NAME STREET ADDRES CHY-SI-ZIP TITLE NAME	OFFICERS A PD ANDRADE, ROBERT A 2359 NW 97 LANE CORAL SPRINGS FL 33085 VD ANDRADE, RICHARD D 5210 NW 75 AVENUE LAUDERHILL FL 33139	Agent and life if applicable (NOT IND DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRES 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRES 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRES 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRES 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	S S S S S S S S S S S S S S S S S S S		RECTORS IN 12 Change	
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14. I do hereby certify that the 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Man 25, 497

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