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FILED

**May 01 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1994

4. FEI Number

65-0489240

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

21 **2341 ALIBONA AVE**

Suite, Apt. #, etc.

City & State

23 **OPA LOCKA FL**

Zip Country

24 **33054**

25 **USA**

2a. Mailing Address

26 **2341 ALIBONA AVE**

Suite, Apt. #, etc.

City & State

28 **OPA LOCKA FL**

Zip Country

29 **33054**

30 **USA**

9. Name and Address of Current Registered Agent

**ANDRADE, RICHARD D
2349 NW 147 ST
SUITE 401
OPALOCKA FL 33054**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2341 ALIBONA AVE

83

84 City **OPA LOCKA**

FL

85 Zip Code **33054**

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 *David Andrade*

Signature, typed or printed name of registered agent or title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **4/27/98**

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME **PD ANDRADE, ROBERT A**
STREET ADDRESS **2359 NW 97 LANE**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE DELETE
NAME **VD ANDRADE, RICHARD D**
STREET ADDRESS **5210 NW 75 AVENUE**
CITY-ST-ZIP **LAUDERHILL FL 33139**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 *David Andrade*

DATE **4/27/98**

305 681 4701

CR2E034 (10/97)