FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P94000017256**

ALUFAB HURRICANE SHUTTERS, INC.

r-									
Principal Place	of Business	Mailing Address	- <u></u> "						
		2341 ALI BABA AVE OPA LOCKA FL 33054 US			DO NOT WRIT	E IN THIS	SPACE		
						3. Date Incorporated or Qualifed 03/04/1994			
2. Principal Pl	ace of Business	2a. Mailing Address	*			4. FEI Number		Ap	olied For
21 6353	AL, BAGA HUERUC	26				65-0489240			Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certifcate of Status Desired		\$8.75 A	
City & State	₿ ,	City & State	. 			6. Election Campaign Financing		-\$5.00	May Be
23		28				Trust Fund Contribution		Added t	Fees
Zip	Country	Zip Country				This corporation owes the curre Personal Property Tax.	nt year Inta	ngible Yes	□No
24	9. Name and Address of Current	<u> </u>				10. Name and Address of New Ro	egistered /	Agent	
			8	81	Name				
	rade, Richard D Ali Baba ave		8	82	Street Addre	ss (P.O. Box Number is Not Acceptal	ble)	,	<u>.</u>
OPAI	LOCKA FL 33054		1	83	* *	14.1			
			L					1	
				84	City		FL	85 Zip (ode
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statute	s. the abo	ove-	named corpo	ration submits this statement for the p	ourpose of	changing its	registered
l office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State om familiar with, and accept the obligations.	t Florida. Such change was au	Ithonzed I	bv tr	ne corporation	n's board of directors. I hereby accept	t the appoir	ntment as re	jistered
SIGNATURE		MOTE:	5 A		signature required	when reinstating)	DATE		
12.	Signature, typed or printed name of registered agent OFFICERS AND	2011	13.	igent s	agriature required	ADDITIONS/CHANGES TO OFF		D DIRECTO	RS IN 12
TITLE	PD	DELETE	1.1 TITU	F				Change	
NAME	ANDRADE, ROBERT A								Addition
STREET ADDRESS	, u 10 10 10 10 10 10 10 10 11 11	_			1	•		□ our.go	
3 INEE I ADDRESS	2359 NW 97 LANE		1.2 NAM	Æ	DORESS	•			Addition
CITY OT ZID	2359 NW 97 LANE CORAL SPRINGS FL 33065		1.2 NAM 1.3 STR	AE LEET A	DORESS ZIP	·			Apallon
CITY-ST-ZIP	CORAL SPRINGS FL 33065	☐ DELETE	1.2 NAM	ME EETA Y-ST-7		·		Change	Addition
TILE	CORAL SPRINGS FL 33065 VD	☐ DELETE	1.2 NAM 1.3 STR 1.4 CITY	ME EETA Y-ST-I					
TITLE NAME	CORAL SPRINGS FL 33065 VD ANDRADE, RICHARD D	☐ DELETE	1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM	ME EETA Y-ST-7 E ME		·			
TITLE NAME STREET ADDRESS	CORAL SPRINGS FL 33065 VD ANDRADE, RICHARD D 5210 NW 75 AVENUE	☐ DELETE	1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR	AE EETA Y-ST- E AE	ZIP	·			
TITLE NAME	CORAL SPRINGS FL 33065 VD ANDRADE, RICHARD D	☐ DELETE	1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM	ME Y-ST-Z E ME REET A Y-ST-	ZIP				
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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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

DELETE

305 688 4701

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90115 033 ***150.00

☐ Change

☐ Addition