

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 # **P94000034101**

1. Corporation Name

ARCO GLASS MIRROR AND SCREEN CORPORATION

Principal Place of Business

767 NE 125TH ST
NORTH MIAMI FL 33161
US

Mailing Address

7098 BONITA DRIVE
MIAMI BEACH FL 33141

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90034 048 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1994

4. FEI Number

65-0494014

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 the current year Intangible
Personal Property Tax.

☐

☒ No

2. Principal Place of Business

21 **617 NE 125TH ST**

Suite, Apt. #, etc.

22 **N. Miami, Florida**

City & State

23 **33161 US**

Zip

Country

2a. Mailing Address

26 **same as**

Suite, Apt. #, etc.

27 **above**

City & State

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LARICE, MARCO
767 NE 125TH ST
SUITE 206
NORTH MIAMI FL 33161

81 Name

LARICE, MARCO

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

83 **7927 W. DRIVE, # 07**

84 City

N. Bay Village

FL

85 Zip Code

33141

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LARICE, MARCO
STREET ADDRESS 117 S SHORE DR
CITY-ST-ZIP MIAMI BCH FL 33141

☐ DELETE

1.1 TITLE PD
1.2 NAME LARICE, MARCO
1.3 STREET ADDRESS 7927 W. DRIVE, # 07
1.4 CITY-ST-ZIP N. BAY Village, FL 33141

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/12/99 (305) 891-2726

CR2E034 (11/98)