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95 MAY -1 AM 10:06

TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995

FILED (EFFECTIVE DATE) STATE

DOCUMENT # P94000056528 (0)

1. Entity Name

GLASS & MIRROR DEPOT, INC.

Principal Place of Business	Mailing Address
3194 WEST 70TH TERRACE HIALEAH FL 33016	3194 WEST 70TH TERRACE HIALEAH FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated/Qualified: 07/29/1994

3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 6800 N.W. 31ST AVE	26 6800 N.W. 31ST AVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIAMI FL 331	City & State 28 MIAMI FL
Zip 24 33147 County 25 U.S.A.	Zip 29 33147 County 30 U.S.A

4. FEI Number: 65-0509237 — 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SOCHERMAN, MAX 3194 WEST 70TH TERRACE HIALEAH FL 33016	81 Name: MANUEL O. MENESES 82 Street Address (P.O. Box Number is Not Acceptable): 83 3194 W. 70TH TERRACE 84 City: HIALEAH FL 85 Zip Code: 33016

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: MANUEL O. MENESES 4/26/95

(Signature of Officer or Director of Registered Agent Corporation) NOTE: Registered Agent signature required when reinstating. (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MENESES, MANUEL O	1.2 NAME	
STREET ADDRESS	3194 WEST 70TH TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33016	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	SECRETARY ☒ Change ☐ Addition
NAME	SOCHERMAN, MAX O	2.2 NAME	SOCHERMAN, MAX
STREET ADDRESS	3194 WEST 70TH TERRACE	2.3 STREET ADDRESS	6800 N.W. 31ST AVE
CITY-ST-ZIP	HIALEAH FL 33016	2.4 CITY-ST-ZIP	MIAMI FL 33147
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. To the best of my knowledge, the information supplied with the filing is complete and accurate. I am aware that any false information submitted in a document to the Department of State pursuant to Chapter 607, Florida Statutes, is punishable as a misdemeanor of the first degree. I further certify that the information indicated on this report or supplemental 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 above, or on an attachment with an address.

SIGNATURE: MANUEL O. MENESES 4/26/95 305-694-0666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

000010 CP