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CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 APR 26 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000063173 (6)**

1. Corporation Name

AMERICAN WINDOWS & STORM PANELS, CORP.

Principal Place of Business	Mailing Address
7201 S.W. 102ND MIAMI FL 33173	7201 S.W. 102ND MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 08/26/1994	3a. Date of Last Report
21 1036 S.W. 1 ST.	26 ←	4. FEI Number: 65-0515629	Applied For / Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 ←	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 MIAMI FLORIDA	City & State 28 ←	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 33130 / Country 25 US	Zip 29 ← / Country 30	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
CABRERA, ORLANDO BERMUDEZ & CABRERA 2100 CORAL WAY MIAMI FL 33145	81 Name: FLORIDA ANNUAL REPORT SERVICES INC. 82 Street Address (P.O. Box Number is Not Acceptable): 1036 S.W. 1 ST. 83 84 City: MIAMI FL 85 Zip Code: 33130

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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] AMADA CANTERA LOPEZ, PRES 4/25/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	DEL VALLE, NORMAN	NAME	
STREET ADDRESS	7201 S.W. 102ND	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33173	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	500001468475
STREET ADDRESS		STREET ADDRESS	-04/28/95--01039--017
CITY-ST-ZIP		CITY-ST-ZIP	****200.00 ****200.00
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	DM 4/26
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07, Florida Statutes. I further certify that the information indicated on this 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] 4/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0188123 CP