Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90085 003 ***150.00

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 # DO40

1. Corporation	AINT & METAL FRAME, IN					
Principal Place of Business Mailing Address						OUTED IBUTE ONLY OF STATE OF S
610 NE 58 STREET FT LAUDERDALE FL 33308 610 NE 58 STREET FT LAUDERDALE FL 33308					DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualifed 09/16/1994	
2. Principal Pi	ace of Business	2a. Mailing Address 26	Mailing Address		4. FEI Number 65-0526089	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State —		- City & State		6. Election Campaign Financing Trust Fund Contribution	\$5:00 May Be Added to Fees	
Zip	——————————————————————————————————————		Country		8. This corporation owes the current year in	tangible XYes ⊟No
24	25	29 30	0		Personal Property Tax. 10. Name and Address of New Registered	
	9. Name and Address of Curr	ent Registered Agent	81	Name	10. Name and Address of New Registered	- Nour
DI A7	AS HERMES					
PLAZAS, HERMES 610 NE 58 STREET			82	Street Add	ress (P.O. Box Number is Not Acceptable)	
FT LAUDERDALE FL 33308			83		·	
			83			
			84	'	FL 85 Zip Code	
office or reagent. I as	m familiar with and accept the office	502/and 607.1508, Florida Statutes, e of Florida. Such change was auth ations of, Section 607.0505, Florida	tne above orized by a Statutes	e-named corp the corporation	poration submits this statement for the purpose of on's board of directors. I hereby accept the appo	intment as registered
SIGNATURE	Signature, typed oprinted manner of registered a	gent and title if applicable. (NOTE: Re	gistered Ager	nt signature require	ed when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	r ,		1.1 TITLE			☐ Change ☐ Addition
NAME	, LADIO, INCIMICO		1.2 NAME		-	
STREET ADDRESS			1.3 STREE	ADDRESS		
CITY-ST-ZIP			1.4 CITY-S	T-ZIP		Character C Addition
TITLE	_		2.1 TITLE			☐ Change ☐ Addition
NAME	LADAO, INCOCI		2.2 NAME			}
STREET ADDRESS			2.3 STREE	T ADDRESS		
CITY-ST-ZIP			2. 4 CfTY-5	ST-ZIP		☐ Change ☐ Addition
TITLE	OI -		31 TITLE			☐ criange >= ☐ Addition
NAME	1 DAZAO, IOIDITO		3.2 NAME			
STREET ADDRESS	010 112 00 0111221		33 STREE	TADDRESS		
CITY-ST-ZIP			3.4. CITY- 9	ST-ZIP		Change Addition
TITLE			4.1 TITLE			Cloudings Clydopou
NAME			4. 2 NAME			ļ
STREET ADDRESS			4.3 STREE			
CITY-ST-ZIP		□ pelete	4.4 CITY-S	T-ZIP		Change Addition
TITLE		☐ DELETE	5.1 TITLE			Country Country
NAME			5.2 NAME	TADODESS	•	
STREET ADDRESS			5.3 STREET	1	,	
CITY-ST-ZIP		□ net ete	5.4 CITY+S 6.1 TITLE	1-211		☐ Change ☐ Addition

lied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information mental 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 fe receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in an attachment with an address, with all other like empowered. 14. I hereby certify that the information indicated on this annual report officer or director of the corporations to the corporation of the corp

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: *

NAME

STREET ADDRESS

CITY-ST-ZIP

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR