

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000080820 (1)

1. Corporation Name

TRIPLE CROWN SHUTTERS REPAIRS, INC.



Principal Place of Business

501 E 57 ST
HIALEAH FL 33013

Mailing Address

501 E 57 ST
HIALEAH FL 33013

2. Principal Place of Business

21 9910 NW 30 AVE

2a. Mailing Address

26 SAME -

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Bay 2-N

27 Suite, Apt. #, etc.

City & State

City & State

23 Hialeah Gardens

28 City & State

Zip

Country

Zip

Country

24 33016

25 Dado

29

30

9. Name and Address of Current Registered Agent

HERNANDEZ, JUAN A
501 E 57 ST
HIALEAH FL 33013

3. Date Incorporated or Qualified

11/03/1994

3a. Date of Last Report

07/11/1995

4. FEI Number

65-0538284

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

10. Name and Address of New Registered Agent

81 Name JUAN HERNANDEZ

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

83 5144 NW 199 LN Lot 595

84 City Miami;

FL 85 Zip Code 33055

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPTS ☒ DELETE
NAME HERNANDEZ, JUAN A
STREET ADDRESS 501 E 57 ST
CITY-ST-ZIP HIALEAH FL 33013

TITLE DPTS ☐ DELETE
NAME Hernandez, Juan A
STREET ADDRESS 5144 NW 199 LN Lot 595
CITY-ST-ZIP Miami; FL 33055

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2. 1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3. 1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4. 1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5. 1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6. 1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: X Juan A. Hernandez 04/25/96 (305) 620-6206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)