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 # P95000028850

1. Corporation Name

ALUBOUL SHUTTER SYSTEMS, INC.

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90053 008 ***150.00

, 201102											
Principal Place	Mailing Add	Mailing Address					, (86):168) 118 (8(#) #())(Bell) 6		1007 10701 7211		
4747 S.W. 75TH			4747 S.W. 75TH AVENUE								
MIAMI FL 33155 MIAMI FL 33155			1155					DO NOT WR	ITE IN THIS	SPACE	
							-	Date Incorporated or Qualifed		OF ACE	
								04/08/1995			
2. Principal P	lace of Business	2a. Mailing	Address				1	FEI Number			pplied For
21		26					<u> </u>	65-0573626			ot Applicable
Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.			5.	Certifcate of Status Desired			Additional	
22		27	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								equired
City & State	e	— ´	City & State			1	Election Campaign Financing			May Be	
23		28		C			+	Trust Fund Contribution			to Fees
Zip	Country	<u>├</u> ─┐ `	Zip Country 30				8.	This corporation owes the cur	rent year Inta	angible Yes	□No
24	25	29		30			10	Personal Property Tax. Name and Address of New	Registered /	-	
	9. Name and Address of Curre	int Registered Ag	ent	8	31	Name	10.	Hame and Address of New	rtogistorea /	- agoin	
RUE	mmele, kurt			Ľ	\perp						
4747 S.W. 75TH AVENUE					32	Street Addres	ss (P.	O. Box Number is Not Accept	table)		
MIAN	MI FL 33155			8	33						
				8	34	City			FL	85 Zip	Code
44.0	to the provisions of Sections 607.05	02 and 607 1509	Elorido Statuto	e the abo		named cornor	ration	submits this statement for the		changing it	s registered
office or r	agistered agent or both in the State	e of Florida, Such	change was au	thorized b	ov th	ne corporation	's bo	ard of directors. I hereby acce	pt the appoir	itment as re	egistered
agent. I a	m familiar with, and accept the oblig	ations of, Section	607.0505, Flori	ida Statute	es.						
SIGNATURE	Signature, typed or printed name of registered ag	ant and title if continoble	/NOTE:	Decistored &c	nent s	signature required v	when re	ainstating)	DATE		·
12.		ND DIRECTORS	(NOTE.	13.	your a	aignatura raquired i		ADDITIONS/CHANGES TO OF		D DIRECT	ORS IN 12
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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 chapter, or on an attachment with an address, with all other like empowered.

SIGNATURE:

IGNING OFFICER OR DIRECTOR

02-01-1999

305-262-6168