**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000080674

1. Corporation Name

SHADES UNLIMITED INC.

## FILED Mar 24, 1999 8:00 am **Secretary of State**

03-24-1999 90086 038 \*\*\*150.00



	<u>                                    </u>					ш	
Principa	al Place of Business Mailing Address						
5800 WEST FLAGLER STREET MIAMI FL 33174  5800 WEST FLAGLER STREET MIAMI FL 33174			•		DO NOT WRITE IN THIS SPACE		
				_	3. Date Incorporated or Qualifed 10/20/1995		
2. Princ	ipal Place of Business	2a. Mailing Address	-		4. FEI Number Applied For	r	
21		26					
Suite	e, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired   \$8.75 Additiona Fee Required	d 	
	& State	City & State			6. Election Campaign Financing Trust Fund Contribution Added to Fees		
Zip	Country	Zip Country		y	8. This corporation owes the current year Intangible		
24	25	29 30	i]		Personal Property Tax.		
<u>:</u>	9. Name and Address of Current F	Registered Agent			10. Name and Address of New Registered Agent		
	MARTINEZ, JESUS D 5800 WEST FLAGLER STREET			1 Name 2 Street Ac	Address (P.O. Box Number is Not Acceptable)		
				2 Oliver Ac	diess (1.0. box Nulliber is Net Neespaarie)		
	MIAMI FL 33174		8	3			
				4 City	FL 85 Zip Code		
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 proof or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
<u> </u>	Signature, typed or printed name of registered agent a		distered Ac	ent signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	2	
12	OFFICERS AND	DIRECTORS	1.1 TITLE	<del></del> -	Change Add		
TITLE .	PD	M DETEIE			C Smange C race		
NAME	MARTINEZ, JESUS D		1.2 NAMI				
STREET ADDRESS 5800 WEST FLAGLER STREET			1.3 STRE	ET ADDRESS			

**MIAMI FL 33174** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition 6.1 TITLE ☐ Change DELETE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP CITY ST ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: