## **FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997

1

e e

1

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 13 1997 8:00am

Secretary of State

Change

\_\_\_ Addition

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000095037 (4)

INCREDIBLE TINTING WORLD, INC.

Principal Place of Business Mailing Address 10166 W. FLAGLER STREET 10166 WEST FLAGLER STREET MIAMI FL 33174-1830 MIAMI FL 33174 US 3. Date Incorporated or Qualified 3a. Date of Last Report 12/11/1995 07/30/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0624764 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Г Trust Fund Contribution Added to Fees Country Country Zip Zip 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No 24 25 29 30 Florida Statutes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent A1 MORAGA, HUGO F 957 W. 65 ST. 82 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33012 83 R4 City Zip Code 85 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 signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 96/6) DELETE TITLE Change Addition 1.3 THE MORAGA, HUGO F NAME 1.2 NAME CR2E034 957 W. 65 ST. STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL 33012 CITY-ST-ZIP 1.4 City - ST-ZIP PVST DELETE Change Addition TITLE 21 TITLE MORAGA, HUGO F NAME 2.2 NAME 957 W. 65 ST. STREET ADDRESS 2.3 STREET ADDRESS HIALEAH FL 33012 CITY - ST-ZIP 2 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 Till: F NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS

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 eath, that 1 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. 1/120/27 /24() cor

54 CHY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY - ST-ZIP 14. I do 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

61 TITLE

6.2 NAME

DELETE