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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600009949 (4)

MIAMI HOME SHUTTERS, INC.

2046 C.W. 24 CTREET 2045-0:W: 24 STREET MIAMI FL 00145 FL-00145-0020 3. Date Incorporated or Qualified 3a. Date of Last Report 01/31/1996 2. Principal Place of Business 11 4369 S.W.75 AVG 2a. Mailing Address 4. FEI Number Applied For 26 4369 5.W. 75 AVB Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & States City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032 53 25 DADG 29 331, 9. Name and Address of Current Registered Agent Florida Statutes 🗶 Yes 🔲 No 10. Name and Address of New Registered Agent 81 RODRIGUEZ, NARCISO Name 2845 S.W. 24 STREET 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33145** 83 84 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: type dior printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Table 1.1 TITLE ☐ Change Addition RODRIGUEZ, NARCISO NAME 1.2 NAME 2845 S.W. 24 STREET STREET ADORESS 1.3 STREET ADDRESS **MIAMI FL 33145** CITY - ST - ZII: 1.4 CITY - ST - ZIP Tille DELETE 2.1 TITLE Change Addition RODRIGUEZ, RAFAEL 2.2 NAME 2845 S.W. 24 STREET STREET ADORESS 2.3 STREET ADDRESS **MIAMI FL 33145** CHY-51-20 2. 4 CITY - ST - ZIP DELETE THE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 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 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 any stachment with an address.

3.4. CITY - ST - 2IP

4.3 STREET ADDRESS

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5.4 CITY - ST- ZIP

4.4 CITY - ST - ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY - ST - ZII

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TITLE

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2/14/97 (305)262-8947

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Mar 05 1997 8:00am

Secretary of State

96/6) CR2E034