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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90068 001 \*\*\*150.00

| DOCLIMENT # | D0000000100  |
|-------------|--------------|
| DOCOMENT #  | P96000028103 |

1. Corporation Name

INTERNATIONAL WINDOWS CORP.

|   | A Complete State of Complete S |                             | <b>建设</b>  |   |   |                                 |                 |                                  |                        |   |
|---|--|-----------------------------|--|---|---|---------------------------------|-----------------|----------------------------------|------------------------|---|
| Principal Plac  | e of Business  | Mailing Address             |  |   | -   |                                 | BISTE BOILS ENE | (1 <b>60</b> ()) <b>06</b> (10 ) | H                      | # 84 <b>46</b>   1111 1 # 81                |
| 6187 NW 167   | ST.  | 6187 NW 167 ST              |  |   |   |                                 | 1               |                                  |                        |   |
| UNIT H-10   | 0.1  | UNIT H-10                   |  |   |   |                                 |                 |                                  |                        |   |
| MIAMI LAKES FL 33015 MIAMI LAKES FL 33015   |  |                             |  |   | DO  | NOT WRIT                        | E IN THIS       | SPACE                            |                        |   |
| US  |  | US                          |  |   |   | 3. Date Incorporated or         | Qualifed        |                                  |                        |   |
| 2 Dringia I D   | Mana of Business   | L On Mailing Address        |  |   |   | 03/28/1996<br>4. FEI Number     | <del>;</del>    |                                  |                        |   |
| <u>⊢</u> –,   | Place of Business  | 2a. Mailing Addres          | is   |   |   | i i                             |                 |                                  |                        | oplied For                                  |
| 21  | 4-1-   | 26                          |  |   |   | 65-0661244                      | <del>;</del>    |                                  |                        | t Applicable                                |
| Suite, Apt.   | . #, etc.  | Suite, Apt. #, e            | TC.  |   |   | 5. Certifcate of Status I       | Desired         |                                  | \$8.75.7<br>Fee Re     | Additional<br>equired                       |
| City & Stat   | te   | City & State                |  |   |   | 6. Election Campaign F          | inancing        |                                  | \$5.00                 | May Re                                      |
| 23  |  | 28                          |  |   |   | Trust Fund Contribut            | -               |                                  | Added                  | •   |
| Zip   | Country  | Zip                         |  | Country   | ,   | 8. This corporation owe         |                 | ent vear Inta                    |                        |   |
| 24  | 25   | 29                          | 30   | •   |   | Personal Property Ta            | i               | ,                                | Yes                    | □No   |
| <u> </u>  | 9. Name and Address of Curre   |                             |  |   |   | 10. Name and Address            |                 | egistered /                      | Agent                  |   |
|   |  | <del></del>                 |  | 81  | Name  |                                 |                 |                                  |                        |   |
| MOF   | reno, elizabeth  |                             |  | <u> </u>  |   |                                 |                 |                                  |                        |   |
| 8231  | 1 MW 172 STREET  |                             |  | 82  | Street A  | ddress (P.O. Box Number is N    | ot Accepta      | ole)                             |                        |   |
| PALI  | M SPRINGS NORTH FL 33015   |                             |  | 83  |   |                                 |                 | <del></del>                      | <del></del>            |   |
| }   |  |                             |  |   |   |                                 |                 | ·                                |                        |   |
|   |  |                             |  | 84  | City  |                                 |                 | FL                               | 85   Zip (             | Code  |
| 11. Pursuant  | to the provisions of Sections 607.05   | 02 and 607 1508. Florida    | Statutes, the  | e above   | e-named c   | orporation submits this stateme | ent for the r   |                                  | changing its           | registered                                  |
| office or r   | egistered agent, or both, in the State   | of Florida, Such change     | was authorize  | zed by  | the corpor  |                                 |                 |                                  |                        |   |
| agent. ra   | im familiar with, and accept the oblig   | ations of, Section 607.05   | us, Fionda S   | tatutes   |   |                                 |                 |                                  |                        |   |
| SIGNATURE   | Signature, typed or printed name of registered ag  | not and title if analigable | (NOTE: Pagest  | arod Assa   | t rianatura co  | quired when reinstating)        |                 | DATE                             | <u> </u>               |   |
| 12.   | <del></del>  | ND DIRECTORS                |  | 13.   | n signature rec   | ADDITIONS/CHANGE                | S TO OEE        | ·                                | D DIRECTO              | DS IN 12                                    |
| TITLE   | PD   |                             |  | <u> </u>  |   | APPINOTO CONTINUE               | .0 10 011       | IOCIO AIT                        |                        |   |
| NAME  | , , ,  | 1 J DELI                    | ETE 1  | 1 TITLE   | - 1   | PD                              |                 | !                                |                        |   |
| 10000   | MORENO ELIZABETH   | ☐ DELI                      |  | 1 TITLE   | ]   |                                 | BETH            |                                  | [ <b>▲</b> Change      | ☐ Addition                                  |
| STOCET ADDOCCO  | MORENO, ELIZABETH  | _                           | 1  | 2 NAME  | r ADDDEDS   | MORENO, ELIZA                   |                 |                                  |                        |   |
| STREET ADDRESS  | MORENO, ELIZABETH  8231-MWX-122-STREET  PAYN-804002-NORTH-FL-AV  | _                           | 1  | 2 NAME<br>3 STREET  | ADDRESS   | MORENO, ELIZA<br>18620 Bob-o-I  | ink I           | Dr.                              |                        |   |
| CITY-ST-ZIP   | MORENO, ELIZABETH 8234 MWATZ STREET PALIF SPHINGS MORELL FLXS  | abus New ad                 | deess 1.   | 2 NAME<br>3 STREET<br>4 CITY-S  | 1   | MORENO, ELIZA                   | ink I           | Dr.                              | Change                 | ☐ Addition                                  |
| CITY-ST-ZIP<br>TITLE  | MORENO, ELIZABETH 8234 MWX-1728 STREET >PALM SPHINGS MOREL FLXS  | _                           | deess 1. 1. 1. 2.  | 2 NAME<br>3 STREET<br>4 CITY-S  | 1   | MORENO, ELIZA<br>18620 Bob-o-I  | ink I           | Dr.                              |                        |   |
| CITY-ST-ZIP<br>TITLE<br>NAME  | MORENO, ELIZABETH 8234 MWX-1728 STREET -PALM SPHINGS MORELL FLXS   | abus New ad                 | dress 1. 1. 1. 2.  | 2 NAME<br>3 STREET<br>4 CITY-S<br>1 TITLE<br>2 NAME   | T-ZIP   | MORENO, ELIZA<br>18620 Bob-o-I  | ink I           | Dr.                              | Change                 | ☐ Addition                                  |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS   | MORENO, ELIZABETH 8234 MWX-1728 STREET -PALM SPHINGS MOREU ELX   | abus New ad                 | 1. 1. ETE 2.   | 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET  | T-ZIP ADDRESS   | MORENO, ELIZA<br>18620 Bob-o-I  | ink I           | Dr.                              | Change                 | ☐ Addition                                  |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | MORENO, ELIZABETH 8234 MWX-1728 STREET -PALM SPHINGS-MOREUX FL-XX  | 3645 New ad                 | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1   | 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET  | T-ZIP ADDRESS   | MORENO, ELIZA<br>18620 Bob-o-I  | ink I           | Dr.                              | Change Change          | ☐ Addition                                  |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | MORENO, ELIZABETH 8234 MWX-1728 STREET -PALM SPHINGS-MOREUX FL-33  | abus New ad                 | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1   | 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE   | T-ZIP ADDRESS   | MORENO, ELIZA<br>18620 Bob-o-I  | ink I           | Dr.                              | Change                 | ☐ Addition                                  |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | MORENO, ELIZABETH  8234 MWX-1728 STREET  -PALM SPHINGS-MOREU FL-33   | 3645 New ad                 | 1. 1. 1. 1. 1. 1. 1. 2. 2. 2. 2. 2. 2. 3. 3. 3.  | 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME  | T-ZIP  ADDRESS T-ZIP  | MORENO, ELIZA<br>18620 Bob-o-I  | ink I           | Dr.                              | Change Change          | ☐ Addition                                  |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | MORENO, ELIZABETH  8234 MWX-1728 STREET  -PALM SPHINGS-MOREU FL-33   | 3645 New ad                 | 1. 1. 1. 1. 1. 1. 1. 2. 2. 2. 2. 2. 2. 3. 3. 3. 3. 3.  | 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET   | ADDRESS ADDRESS   | MORENO, ELIZA<br>18620 Bob-o-I  | ink I           | Dr.                              | Change Change          | ☐ Addition                                  |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | MORENO, ELIZABETH  8234 MWX-1724 STREET  -PALM SPHINGS-MOREUM FL-24  | BASE New ad                 | 1. 1. 1. 1. 1. 2. 2. 2. 2. 2. 2. 3. 3. 3. 3.   | 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 4 CITY-S   | ADDRESS ADDRESS   | MORENO, ELIZA<br>18620 Bob-o-I  | ink I           | Dr.                              | Change Change          | ☐ Addition ☐ Addition ☐ Addition ☐ Addition |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | MORENO, ELIZABETH  8234 MWX-1724 STREET  -PALM SPHINGS-MOREU FL-24   | 3645 New ad                 | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1   | 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE  | ADDRESS ADDRESS   | MORENO, ELIZA<br>18620 Bob-o-I  | ink I           | Dr.                              | Change Change          | ☐ Addition                                  |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | MORENO, ELIZABETH  8234 MWX-1724 STREET  -PALM SPHINGS-MOREUM FL-24  | BASE New ad                 | 1. 1. 1. 1. 1. 1. 2. 2. 2. 2. 2. 3. 3. 3. 3. 4. 4.   | 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 4 CITY-S 1 TITLE 2 NAME   | T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP                         | MORENO, ELIZA<br>18620 Bob-o-I  | ink I           | Dr.                              | Change Change          | ☐ Addition ☐ Addition ☐ Addition ☐ Addition |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | MORENO, ELIZABETH  8234 MWX-1724 STREET  -PALM SPHINGS-MOREUM FL-24  | BASE New ad                 | 1. 1. 1. 1. 1. 1. 2. 2. 2. 2. 2. 3. 3. 3. 3. 4. 4.   | 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 4 CITY-S 1 TITLE 2 NAME   | ADDRESS ADDRESS   | MORENO, ELIZA<br>18620 Bob-o-I  | ink I           | Dr.                              | Change Change          | ☐ Addition ☐ Addition ☐ Addition ☐ Addition |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | MORENO, ELIZABETH  8234 MWX-1724 STREET  -PALM SPHINGS-MOREUM FLXS   | BASE New ad                 | 1. 1. 1. 1. 1. 1. 2. 2. 2. 2. 2. 2. 3. 3. 3. 3. 3. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.                            | 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 3 STREET 4 CITY-S   | T-ZIP  ADDRESS  ADDRESS  T-ZIP  ADDRESS  ADDRESS            | MORENO, ELIZA<br>18620 Bob-o-I  | ink I           | Dr.                              | Change  Change         | Addition Addition Addition                  |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS  | MORENO, ELIZABETH  8234 MWX-1724 STREET  -PALM SPHINGS-MOREUM FL-24  | BASE New ad                 | 1. 1. 1. 1. 1. 1. 1. 2. 2. 2. 2. 2. 2. 3. 3. 3. 3. 3. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.                         | 2 NAME 3 STREET 4 CITY-S 1 TITLE 4 CITY-S 1 TITLE 1 TITLE 1 TITLE 2 NAME 3 STREET  | T-ZIP  ADDRESS  ADDRESS  T-ZIP  ADDRESS  ADDRESS            | MORENO, ELIZA<br>18620 Bob-o-I  | ink I           | Dr.                              | Change Change          | ☐ Addition ☐ Addition ☐ Addition ☐ Addition |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | MORENO, ELIZABETH  8234 MWX-1724 STREET  -PALM SPHINGS-MOREUM FL-24  | BASE New ad                 | 1. 1. 1. 1. 1. 1. 1. 2. 2. 2. 2. 2. 2. 3. 3. 3. 3. 3. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.                         | 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 3 STREET 4 CITY-S   | T-ZIP  ADDRESS  ADDRESS  T-ZIP  ADDRESS  ADDRESS            | MORENO, ELIZA<br>18620 Bob-o-I  | ink I           | Dr.                              | Change  Change         | Addition Addition Addition                  |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE THE   | MORENO, ELIZABETH  8234 MMX-122 STREET  -PALM SPHINGS-MOREU FL-23  | BASE New ad                 | 1.   1.   1.   1.   1.   1.   1.   1.  | 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 1 TITLE 2 NAME 2 NAME 2 NAME 2 NAME 2 NAME 3 STREET  | T-ZIP  ADDRESS  ADDRESS  T-ZIP  ADDRESS  ADDRESS            | MORENO, ELIZA<br>18620 Bob-o-I  | ink I           | Dr.                              | Change  Change         | Addition Addition Addition                  |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | MORENO, ELIZABETH  8234 MMX-122 STREET  -PALM SPHINGS-MOREU FL-23  | BASE New ad                 | 1. 1. 1. 1. 1. 1. 2. 2. 2. 2. 2. 2. 3. 3. 3. 3. 3. 4. 4. 4. 4. 4. 4. 4. 4. 4. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. | 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 1 TITLE 2 NAME 2 NAME 2 NAME 2 NAME 2 NAME 3 STREET  | T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS | MORENO, ELIZA<br>18620 Bob-o-I  | ink I           | Dr.                              | Change  Change         | Addition Addition Addition                  |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS   | MORENO, ELIZABETH  8234 MMX-122 STREET  -PALM SPHINGS-MOREU FL-23  | BASE New ad                 | 1. 1. 1. 1. 1. 1. 2. 2. 2. 2. 2. 2. 3. 3. 3. 3. 3. 4. 4. 4. 4. 4. 4. 4. 4. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.    | 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 5 CITY-S 1 TITLE 2 NAME 3 STREET 3 STREET 3 STREET  | T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS | MORENO, ELIZA<br>18620 Bob-o-I  | ink I           | Dr.                              | Change  Change         | Addition Addition Addition                  |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP             | MORENO, ELIZABETH  8234 MMX-122 STREET  -PALM SPHINGS-MOREU FL-22  | BOSS NEW ad                 | 1. 1. 1. 1. 1. 1. 2. 2. 2. 2. 2. 2. 3. 3. 3. 3. 3. 3. 3. 4. 4. 4. 4. 4. 4. 4. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. | 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 3 STREET 4 CITY-S 4 CITY-S 5 STREET 4 CITY-S 5 STREET 6 CITY-S 6 CITY-S 7 CITY-S 7 CITY-S | T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS | MORENO, ELIZA<br>18620 Bob-o-I  | ink I           | Dr.                              | Change  Change  Change | Addition Addition Addition Addition         |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | MORENO, ELIZABETH  8234 MMX-122 STREET  -PALM SPHINGS-MOREU FL-22  | BOSS NEW ad                 | 1.   1.   1.   1.   1.   1.   1.   1.  | 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME  | T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS | MORENO, ELIZA<br>18620 Bob-o-I  | ink I           | Dr.                              | Change  Change  Change | Addition Addition Addition Addition         |

14. Thereby 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 appual 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 qranged or off an ariginal report of the receiver of the corporation or the receiver of the corporation or the receiver of the corporation of the corporat

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99 (305) 825-Dite Daytime Phone # CR2E034 (11/9)