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Feb 25, 1999 8:00 am  
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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000030635

1. Corporation Name

CAYMAN SHUTTERS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 8446 NW 58 ST MIAMI FL 33166		Mailing Address 8446 NW 58 ST MIAMI FL 33166	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
9. Name and Address of Current Registered Agent JAIME, CAMILO M 1116 LUGO AVE GABLES BY THE SEA CORAL GABLES FL 33156		10. Name and Address of New Registered Agent 81 Name JAIME, CAMILO M. 82 Street Address (P.O. Box Number is Not Acceptable) 13000 OLD CUTLER RD 83 84 City PINECREST FL 85 Zip Code 33156	
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 <i>[Signature]</i> DATE 1/18/99 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE PS NAME JAIME, CAMILO A STREET ADDRESS 1116 LUGO AVE CITY-ST-ZIP CORAL GABLES FL 33156 TITLE VT NAME JAIME, VIVIAN G STREET ADDRESS 1116 LUGO AVE CITY-ST-ZIP CORAL GABLES FL 33156 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PS 1.2 NAME JAIME, CAMILO M. 1.3 STREET ADDRESS 13000 OLD CUTLER RD 1.4 CITY-ST-ZIP PINECREST, FL 33156 2.1 TITLE VT 2.2 NAME JAIME, VIVIAN G 2.3 STREET ADDRESS 13000 OLD CUTLER RD. 2.4 CITY-ST-ZIP PINECREST, FL 33156 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

1-18-99

305-418-4410

Date

Daytime Phone #

CR2E034 (11/98)