

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

FILED

May 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000055036 (3)**

1. Corporation Name

**ADVANCED WINDOW GLASS & DOORS CORP.**



Principal Place of Business

Mailing Address

**1820 N.W. 32ND AVENUE  
MIAMI FL 33125 / / /**

**1820 N.W. 32ND AVENUE/  
MIAMI FL 33125-1036 / / /**

2. Principal Place of Business

2a. Mailing Address

**21 18947 West Dixie Highway**

**26 18947 South Dixie Highway**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23 North Miami Beach**

**28 North Miami Beach**

Zip

Country

Zip

Country

**24 33180**

**25 DADE**

**29 33180**

**30 Dade**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**/ DIAZ/JORGE / / / / /  
1820 N.W. 32ND AVENUE  
MIAMI FL 33125**

**81** Name

**ALLEN CABER**

**82** Street Address (P.O. Box Number is Not Acceptable)

**21143 N.E. 23rd Court**

**83**

**84** City

**Miami**

**FL**

**85** Zip Code  
**33180**

11. Pursuant to the provisions of Sections 607.0102 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 authorized to accept the provisions of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D/Vice Pres/Secretary** ☐ DELETE  
NAME **DIAZ, JORGE**  
STREET ADDRESS **1820 N.W. 32ND AVENUE**  
CITY-ST-ZIP **MIAMI FL 33125**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE  
NAME **DIAZ, SANDRA**  
STREET ADDRESS **1820 N.W. 32ND AVENUE**  
CITY-ST-ZIP **MIAMI FL 33125 /**

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **Director/President/Treasurer**  
2.3 STREET ADDRESS **ALLEN CABER**  
2.4 CITY-ST-ZIP **21143 N.E. 23rd Court**  
**Miami, Florida 33180**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
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 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/28/97 (305) 937 4517**

CR2E034 (9/96)