FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Feb 23 1998 8:00am PROFIT CORPORATION FLORIDA DEPARTMENT OF STATE ANNUAL REPORT 1998 Secretary of State Sandra B. Mortham Secretary of State P96000060634 (8) DOCUMENT # CALLEJA'S SHUTTERS. INC. Principal Place of Business Mailing Address 2210 WEST 74 STREET 2210 WEST 74 STREET **APT. 101** APT. 101 HIALEAH FL 33016 HIALEAH FL 33016 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/18/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 127- Tour Applied For 9977 NW 127 Tom 9977NW 65-0687049 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 口 22 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 64-05-15 44CeAH Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 33018 0406 25 29 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 CALLEJA, SERGIO T CALLEJA **2210 WEST 74 STREET** 82 Street Address (P.O. Box I **APT. 101** HIALEAH FL 33016 83 84 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, 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. DELETE TITLE 1.1 TITLE CAILESA, SEAGIO 9977 N.W. 1272 TELLACO CALLEJA, SERGIO T NAME 1.2 NAME 2210 W 74 ST APT #101 STREET ADDRESS 1.3 STREET ADORESS HIALEAH FL 33016 HIALBAH GALDENS FL 33018 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE Addition TITLE 4.1 TITLE Change NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

Change

Addition

DELETE

CITY-ST-ZIP

STREET ADDRESS

TITE F

NAME