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FILED
May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000060718 (9)

1. Corporation Name

AMERICAN STAINED GLASS CORPORATION

Principal Place of Business

Mailing Address

854 NW 87 AVE., #506
MIAMI FL 33172

854 NW 87 AVE., #506
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/19/1996

4. FEI Number

52-1988237

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 600 Wren Avenue

26 600 Wren Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Miami Springs

27 Miami Springs

City & State

City & State

23

28

Zip

Zip

24 FL

29 FL

Country

Country

33166

30 33166

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUERRERO, SANDRA
854 NW 87 AVE., #506
MIAMI FL 33172

81 Name

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

13727 SW 15th

83 #202

84 City

Miami

FL

85 Zip Code

33172

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
DP
CASTRO, JAIRO A
PARIS 1229 Y TOMAS DE BERLANGA
QUITO, ECUADOR

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
DV
CASTRO, ALIRIO
PARIS 1229 Y TOMAS DE BERLANGA
QUITO, ECUADOR

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
DS
CASTRO, CECILIA A
PARIS 1229 Y TOMAS DE BERLANGA
QUITO, ECUADOR

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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.

SIGNATURE:

(Signature)

4/28/98

305-251197

CR2E034 (10/97)