

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

0243300

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90089 032 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000060718

1. Corporation Name

AMERICAN STAINED GLASS CORPORATION

Principal Place of Business

600 WREN AVE
MIAMI SPRINGS FL 33166
US

Mailing Address

600 WREN AVE
MIAMI SPRINGS FL 33166
US

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 ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

GUERRERO, SANDRA
13727 SW 152ND ST
#202
MIAMI FL 33177

10. Name and Address of New Registered Agent

81 Name

Jairo Castro

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

600 Wren Avenue

83

84 City

Miami Springs FL

85 Zip Code

33166

11. Pursuant to the provisions of Sections 607.0501 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 agent applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/99

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	CASTRO, JAIRO A	
STREET ADDRESS	PARIS 1229 Y TOMAS DE BERLANGA	
CITY-ST-ZIP	QUITO, ECUADOR	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CASTRO, ALIRIO	
STREET ADDRESS	PARIS 1229 Y TOMAS DE BERLANGA	
CITY-ST-ZIP	QUITO, ECUADOR	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	CASTRO, CECILIA A	
STREET ADDRESS	PARIS 1229 Y TOMAS DE BERLANGA	
CITY-ST-ZIP	QUITO, ECUADOR	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

Date

Daytime Phone #

4/29/99 (305) 9620191

CR2E034 (1/98)