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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000067725**1. Corporation Name

ABC DEL VITRAL CORPORATION

May 06, 1999 8:00 am Secretary of State

05-06-1999 90089 034 ***150.00



B : : : 150 - : : : : : : : : : : : : : : : : : :	Adailine Address			O BENNE FOR THE STATE OF THE SECTION
Principal Place of Business	Mailing Address)	
600 WREN AVE. 600 WREN AVE. MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 33166				
WIFTHIN OF THROOF IE GOTOO	WILLIAM OF FILLOOF E COTOS		DO NOT WRITE IN THIS	SPACE
			3. Date incorporated or Qualifed 08/14/1996	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 26			65-0768468	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				\$8.75 Additional
22 27			5. Certificate of Status Desired	Fee Required
City & State City & State			6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year In	
24 25	29 3	0	Personal Property Tax. 10. Name and Address of New Registered	Yes DNo
9. Name and Address of Current	Registered Agent	81 Name		Agent
GUERRERO, SANDRA			ain A. Castro	
13727 SW 152 ST.		82 Street Add	dress (P.O. Box Number is Not Acceptable)	,
#202		83		
MIAMI FL 33177		60	00 WXn Avenu	
		84 City	tiami Springs Fl	- 85 Zip Code 93 66
11 Pursuant to the provisions of Sections 607 0500	2 and 607 1508. Florida Statutes	the above-named cor	poration submits this statement for the purpose of	f changing its registered
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State agent. I also familiar with and accept the obligat	of Florida, Such Change was auti	horized by the corporat	ion's board of directors. I hereby accept the appo	intment as registered
	ions of, Section 607.0303, Fibrio	a Statutes.		
SIGNATURE Signature, typed or purified traine of registered age.	and the NOTE R	egistered Agent signature requir	red when reinstating) DATE	
12. OFNICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE OP	☐ DELETE	1.1 ππ.Ε		Change Addition
NAME / CASTRO, JAIRO A		1.2 NAME		1
STREET ADDRESS PARIS 1229 Y TOMAS DE BER	LANGA	1.3 STREET ADDRESS		
CITY-ST-ZIP / QUITO, ECUADOR		1.4 CITY-ST-ZIP		
TITLE DV	☐ DELETE	2.1 TITLE		Change Addition
NAME CASTRO, ALIRIO		2.2 NAME		
STREET ADDRESS PARIS 1229 Y TOMAS DE BER	ILANGA	2,3 STREET ADDRESS		
CITY-ST-ZIP QUITO, ECUADOR		2.4 CITY-ST-ZIP	<u> </u>	
TITLE DS	☐ DELETE	, 3.1 TITLE		Change Addition
NAME CASTRO, CECILIA A		3.2 NAME		ļ
STREET ADDRESS PARIS 1229 Y TOMAS DE BER	LANGA	3.3 STREET ADDRESS		
CITY-ST-ZIP QUITO, ECUADOR	Clariette	3.4. CITY-ST-ZIP		Change Addition
TITLE \	OELETE	4.1 TITLE		Countries (Tyddillot)
NAME		4, 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		ļ
CITY-ST-ZIP	☐ DELETE	4.4 C/TY-ST-Z/P		Change Addition (
TITLE	™ nere(¢	5.1 TITLE 5.2 NAME		C Sucride C Vaccion
NAME		5.3 STREET ADDRESS	•	{
STREET ADDRESS		5.4 CITY-ST-ZIP		ĺ
CITY-ST-ZIP	DELETE	6.1 TITLE		☐ Change ☐ Addition
TITLE	C) DEFEILE	6.2 NAME		
NAME		6 3 STREET ADDRESS		}
STREET ADDRESS		6.4 CITY-ST-ZIP		ļ
14. I bereby certify that the information supplied with	h this filing does not auglify for th		Section 119 07/3\(\text{ii}\) Florida Statutes I further of	ortify that the information

Interest certify that the information supplied with this fitting does not qualify for the exemption stated it section 119.07(3)(1), 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, of on an adaptment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THE REPORT OF THE PROPERTY OF