## 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 # P96000076059 (0) 1. Corporation Name

OUAKITY AUTO GLASS, INC.

FILED May 13, 1999 8:00 am Secretary of State

05-13-1999 90018 038 \*\*\*150.00

					<b>-</b> ∤ .		
Principal Place of Business	Mailing Addres	88					
2834 W. 75th. Ter.	2834 W. 75th. Ter.						
Hialeah, Fl. 33016	Hialeah, Fl. 33016				DO NOT WRITE IN THIS SPACE		
•					3. Date Incorporated or Qualified 09/10/1996		
Principal Place of Business     2a. Mailing Address		dress			4. FEI Number 65-0693647	Applied For	
21	26	26			65-0693647	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country 24 25	Zip	Co.	untry		This corporation owes the current year to Personal Property Tax.	ntangible ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registere	d Agent	
Garcia Orestes J.			81	Name			
2834 W. 75th Ter.			82	Street Address (P.O. Box Number is Not Acceptable)			
Hialeah, Fl. 33016			83			_	
			84	City	F	85 Zip Code	

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statute

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Re	gistered Agent signature required	when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	ICERS AND DIRECTORS IN 12	
TITLE	DPS	DELETE	3.1 TITLE	☐ Change	Accition	
NAME	Garcia Orestes J.		1.2 NAME			
STREET ADDRESS	2834 W. 75th Ter.		13 STREET ADDRESS			
CITY-ST-ZIP	Hialeah, Fl. 33016		1 4 CITY-ST-ZIP			
TITLE	DTV	DELETE	2.1 TITLE	Change	Addition	
NAME	Bohigas Rolando		2.2 NAME			
STREET ADDRESS	6625 W. 4th Ave. Apt. 208		2.3 STREET ADDRESS		!	
CITY-ST-ZIP	Hialeah, Fl. 33012		2 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE	☐ Change	Addition	
*AME			32 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-S1-ZIP			34 CiTY-ST-ZIP			
TITLE		☐ DELETE	41 TITLE	☐ Change	Addition	
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			44 CITY-ST-ZP			
TITLE		☐ DELETE	5.1 TITLE	Change	Addition	
NAME			52 NAME			
STREET ADDRESS			53 STREET ADDRESS			
CITY-ST-ZIP			54 CITY-ST-ZIP			
TITLE	· — — — — — — — — — — — — — — — — — — —	DELETE	6.1 TITLE	☐ Change	Addition	
NAME			6.2 NAME			
STREET ADDRESS			63 STREET ADDRESS			
C1TY, ST, 719			64 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 about 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 receipt 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 ip shanded or on an about this manual report is true and accurate this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 ip shanded or on an about this an address, with all other like empowered.

**SIGNATURE** 

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR