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PROFIT CORPORATION ANNUAL REPORT 2000



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED May 15, 2000 8:00 am Secretary of State

05-15-2000 90188 026 ***150.00

DOCUMENT # P96000016059

QUALITY AUTO GLASS, INC.

Principal Place of Business 1644 W. 38th Pl. Hialeah, Fl. 33012-7026	Mailing Address 1644 W. 38th Hialeah, Fl.	

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/10/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0693647 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State - - -6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. ☐ Yes □ No 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent A1 Street Address (P.O. Box Number is Not Acceptable) Garcia Orestes J. 1644 W. 38th Pl. 83 Hialeah, Fl. 33012-7026 84 City Zip Code 85 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. TITLE ■ DELETE 1.1 TITLE Change ☐ Addition DPST NAME 1.2 NAME Garcia Orestes J 1644 W. 38th Pl. 1.3 STREET ADDRESS STREET ADDRESS 1.4 CiTY - ST - ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE 2.1 TITLE ☐ Change TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELET€ 3.1 TITLE ☐ Change ☐ Addition ☐ TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition DELETE Change TITLE , 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-ZiP DELETE ☐ Change ■ Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change ☐ Addition 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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 chapted, or on the attachment with an address.

CIC	NIAT	URE:
JIU	INAL	UNE.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/16/00

(305)8251900

Daytime Phone #

CR2E034 (10/97)