FILED

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90154 024 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P96000087708

ALL BROTHERS GLASS AND MIRRORS DECORATIONS CO.

	ce of Business	Mailing Address						
10300 SW 68TH STREET 10300 SW 68TH STREET								
MIAMI FL 33173 MIAMI FL 33173								
						DO NOT WRITE IN	THIS SPACE	
						3. Date Incorporated or Qualifed		
						10/23/1996		
2. Principal Place of Business 2a. Mailing Address						4, FEI Number	 -	plied For
26						65-0707113		t Applicable
¬ ' ⊢¬ '		Suite, Apt #, etc				5. Certificate of Status Desired	\$8.75 / Fee Re	
2 City 9 Cta		City & State	City & Clate					
¬ ·	City & State City & State					6. Election Campaign Financing	\$5.00	,
Zip	Country	28 Zip	Count			Trust Fund Contribution	Added	io Fees
¬ '	<u> </u>	<u> </u>		u y		8. This corporation owes the current ye	ear Intangible Yes	□No
4	25 9. Name and Address of Curr	29	30			Personal Property Tax. 10. Name and Address of New Regist		
	9. Name and Address of Curr	ent Registered Agent	8	31	Name	10. Name and Address of New Negist	ereu Agent	
FFR	NANDEZ, PEDRO							
10300 SW 68TH STREET			8	32	Street Addre	ess (P.O. Box Number is Not Acceptable)		
MIAMI FL 33173				33				
171177	MI 1 E 30170		0	3				
				84 City		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	85 Zip Code	
						pration submits this statement for the purpo	FL 85 ZIP	
office or agent. I a SIGNATURE	ant familiar with, and accept the obli	gations of, Section 607.0505, F	lorida Statute	es.	he corporation	n's board of directors. I hereby accept the		gistered
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTO	RS IN 12
TITLE	PTD	☐ DELETE		1 1 TITLE			Change	Additio
NAME	FERNANDEZ, PEDRO JR			Ε				
STREET ADDRESS			1 3 STRE	£Τ.	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33173		1.4 CITY-	·ST	. ZIP			
TITLE	SD	☐ DELETE	2 1 TITLE				☐ Change	Additio
NAME	FERNANDEZ, PEDRO SR		2.2 NAME	2.2 NAME				
STREET ADDRESS	1		M		ADDRESS			
CITY-ST-ZIP	MIAMI FL 33173		2 4 CITY		ļ			
TITLE		☐ DELETE		31 TITLE			☐ Change	Addition
NAME	!		32 NAME					_
	1		į.					
STREET ADDRESS			2.2.STDE	ĘΤ	ADDRESS			
			33 STRE					
CITY-ST-ZIP		[] DFI FTF	34 CITY	- ST			Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE		() DELETE	34 CITY- 41 TITLE	-ST			Change	Addition
CITY-ST-ZIP FITLE NAME		☐ DELETE	34 CITY- 4 1 TITLE 4 2 NAME	- ST E	- ZIP		Change	☐ Addition
CITY-\$T-ZIP FITLE		☐ DELETE	34 CITY- 4 1 TITLE 4 2 NAME	E E	ADDRESS		Change	Addition

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 in other like empowered.

5 3 STREET ADDRESS

6 3 STREET ADDRESS 6.4 CITY-ST-ZIP

5 4 CITY - ST- ZIP

61 TITLE

62 NAME

SIGNATURE:

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIF

☐ DELETE

Daytime Phone #

Change

☐ Addition