


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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90065 013 ***150.00

0210205

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000093526					
1. Corporation Name AUTO MOBILE WINDOW TINTING, INC.					
Principal Place of Business 601 82ND STREET #4 MIAMI BEACH FL 33141			Mailing Address 601 82 ST SUITE 4 MIAMI BEACH FL 33141 US		
2. Principal Place of Business 21 740 NE 147 St Suite, Apt. #, etc. 22		2a. Mailing Address 26 740 NE 147 St Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 11/12/1996	
City & State 23 North Miami Zip Country 24 33161 25 FLA		City & State 28 North Miami FL Zip Country 29 33161 30 US		4. FEI Number 65-0709320 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing <input type="checkbox"/>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent RAMIREZ, ERIK 601 82ND STREET #4 MIAMI BEACH FL 33141		10. Name and Address of New Registered Agent 81 Name ERIK RAMIREZ 82 Street Address (P.O. Box Number is Not Acceptable) 740 NE 147 St 83 North Miami FL, 33161 84 City FL 85 Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
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.					



DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

305-956-5579
4-26-99