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**Mar 28 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000093886 (5)
1. Corporation Name
TECHNOGLASS INDUSTRIES, INC.



Principal Place of Business: **6000 N.W. 32 COURT MIAMI FL 33142**
Mailing Address: **6000 N.W. 32 COURT MIAMI FL 33142-2130**

3. Date Incorporated or Qualified: **11/15/1996**
3a. Date of Last Report: _____
4. FEI Number: **65-0723921**
Applied For: Yes Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 _____
2a. Mailing Address: 26 _____
Suite, Apt. #, etc.: 22 _____
City & State: 23 _____
City & State: 27 _____
Zip: 24 _____ Country: 25 _____
Zip: 28 _____ Country: 30 _____

9. Name and Address of Current Registered Agent
**GOLDMAN, MATT D ESQ
MATT D. GOLDMAN, P.A.
1450 MADRUGA AVENUE, SUITE 203
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent
81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): _____
83 _____
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

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CASARES, RAUL | |
| STREET ADDRESS | 1533 MANTUA AVENUE | |
| CITY-ST-ZIP | CORAL GABLES FL 33146 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | PEREDES, EUSEBIO | |
| STREET ADDRESS | 4620 S.W. 155 PLACE | |
| CITY-ST-ZIP | MIAMI FL 33185 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CASARES, NANCY M | |
| STREET ADDRESS | 11200 S.W. 70 AVENUE | |
| CITY-ST-ZIP | MIAMI FL 33158 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MESTRES, ANGEL | |
| STREET ADDRESS | 12650 S.W. 22 TERRACE | |
| CITY-ST-ZIP | MIAMI FL 33175 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do 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.

SIGNATURE: **x Nancy Casares** **2/14/97 x (305) 592-1515**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
0197390

CR2E034 (9/96)