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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1**9**98

DOCUMENT # 1, Corporation Name P97000011463 (1)

ERNESTO RODRIGUEZ HURRICANE SHUTTERS, INC.

Block 12 or Block 13 if changed, or on an attachm

FILED May 19 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 3313 NW 7 ST 3313 NW 7 ST MIAMI FL 33135 MIAMI FL 33135 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/03/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0786025 5590 SW 6 ST Not Applicable 21 P.O. BOX 351627 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be Election Campaign Financing 23 MIAMI FLORIDA Trust Fund Contribution Added to Fees MIAMI FLORIDA 28 Zφ Country Country 8. This corporation owes or has paid the current year Intangible USA Personal Property Tax due June 30. ☐ No 24 25 29 USA 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 RODRIGUEZ, JANET M 211 NW 27TH CT Street Address (P.O. Box Number is Not Acceptable 6746 5. W. 32 / 7844 62 **MIAMI FL 33125** City 84 Zip Code MIAMI 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 reoffice 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 reagent, 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 rainstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE P. 1.1 TITLE NAME ERNESTO RODRIGUEZ 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS 5590 SW 6 ST CITY-ST-ZIP MIAMI FL 33134 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 DILE 2.2 NAME RODRIGUEZ JANET STREET ADDRESS 2.3 STREET ADDRESS 5590 SW 6 ST 2.4 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33134 DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREE1 ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST-ZIP DELETE Addition 5.1 TITLE Change TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ■ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. I hereby certify that the information supplied with this to indicated on this annual report or supplemental annual officer or director of the corporation or the receiver of the g does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information store is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an stee improvered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in