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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000014281**1. Corporation Name

HIALEAH WINDOW TINTING, INC.

Principal Place of	Business
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Mailing Address

2951 WEST 4TH STREET

2951 WEST 4TH STREET

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90005 047 ***150.00



HIALEAH FL 33	012	HIALEAH FL 33012		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed 02/12/1997			
2. Principal P	lace of Business	2a. Mailing Address	***		4. FEI Number		Appli	ed For
21 .		26			65-0729476		Not A	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.	75 Ad	ditional
22		27			5. Certifcate of Status Desired	F	ee Requ	perin
City & State	e	City & State			6. Election Campaign Financing	\$5	.00 м	ay Be
23		28			Trust Fund Contribution	Ac	ided to	Fees
Zip	Country	Zip	Country		8. This corporation owes the current year In	tangible		
24	25	29 30	ดี		Personal Property Tax.	Ye	s []No
1	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	Agent		
			81	Name				
	NANDEZ, ANGEL		82	Ctroot Add	ress (P.O. Box Number is Not Acceptable)			
2951	WEST 4TH STREET		02	Sireet Addi	ress (F.O. Box Nulliber is Not Acceptable)			
HIAL	EAH FL 33012		83					
			84	City	FI	85	Zip Co	de
agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was authoritions of, Section 607.0505, Florida	orized by a Statutes	the corporati	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	intment	as regis	stered
SIGNATURE	Signature, typed or printed name of registered agei	nt and title if applicable. (NOTE: Re-	gistered Agen	nt signature require	ed when reinstating) DATE			
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIR	ECTOR	S IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			Ch	ange	☐ Addition
NAME	FERNANDEZ, ANGEL		1.2 NAME					
STREET ADDRESS	2951 WEST 4TH STREET		1.3 STREET	FADDRESS				
CITY-ST-ZIP	HIALEAH FL 33012		1.4 CITY- S	T-ZIP				
TITLE	SD	☐ DELETE	2.1 TITLE			☐ Ch	ange	☐ Addition
NAME	FERNANDEZ, NANCY		2.2 NAME					
STREET ADDRESS	2951 WEST 4TH STREET		2.3 STREET	CADDRESS				
	HIALEAH FL 33012		2.4 CITY-S					
CITY-ST-ZIP	TIMEEATTE GOOTE	☐ DELETE	3.1 TITLE	N-ZIF		Ch	ange	☐ Addition
			3.2 NAME					
NAME			3.3 STREET	r ADDOESS				
STREET ADDRESS			3.4. CMY-S					
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	01-ZIP		☐ Ch	ange	Addition
		_, 5222.12	4, 2 NAME			_	Ū	_
NAME			4.2 STREET	r ADDOEDD				
STREET ADDRESS								
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S' 5.1 TITLE	I-ZIP		ㅁ아	ange	Addition
TITLE		C) Deceie	5.1 TH LE 5.2 NAME					tond . Salation
NAME			5.3 STREET	TADDESS				
STREET ADDRESS			5.4 CITY-S					
CITY-ST-ZIP	ļ <u></u>		5.4 CITY-S 6.1 TITLE	1+2117		□ Ch	anne	Addition
TITLE		☐ DELETE	6.2 NAME				ia iye	L.J Addition
NAME			ľ	T 10000000				
STREET ADDRESS	1		6.3 STREET					
CITY, ST. 7IP			6.4 CITY-S	T-ZIP				

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 of the receiver of 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 an attachment with an address, with all other like empowered.

SIGNATURE: