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

14. Thereby certify that the information supplied with this fillindicated on this annual report or supplied entat annual officer or director of the corporation of the receiver of the receiver of the receiver of the corporation of the receiver of

Block 12 or Block 13 if change/

FILED May 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS **19**98 P97000026587 (0) DOCUMENT # F & G GLASS-MIRROR, INC. Principal Place of Business Mailing Address 740 NW 17TH AVE. 740 NW 17TH AVE. MIAM! FL 33125 MIAMI FL 33125 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/25/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0739747 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. **\$8.75** Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 26 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CONTRERAS, FREDDY 740 NW 17TH AVE. Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33125** 83 City Zip Code ons of, Section 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered ons of, Section 607,0505, Florida Statutes. Pursuant to the pro-office or registered. SIGNATURE CR2E034 (10/97 OFFICERS AND DIRECTORS RS AND DIRECTORS IN 12 12. 13. ADDITIONS/CHANGES TO OFFIC DELETE Change Addition TITLE 11 TITLE CONTRERAS, FREDDY NAME 1.2 NAME 740 NW 17TH AVE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33125 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change TITLE 2.1 TITLE YONG, NADINE H NAME 2.2 NAME 740 NW 17TH AVE. STREET ADDRESS 2.3 STREET ADDRESS -MIAM! FL 33125 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 31 TATLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - S1 - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - S1 - ZIP DELETE Change ___ Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

> does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an inpowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in