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

**PROFIT CORPORATION ANNUAL REPORT** 

1998

2. Principal Place of Business

**MIAMI FL 33177** 

Suite, Apt. #, etc.

City & State

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

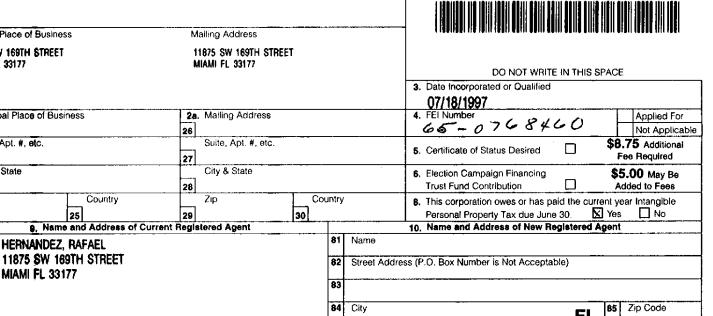
Secretary of State DIVISION OF CORPORATIONS

P97000062473 (8) DOCUMENT #

SOUTH FLORIDA DOORS INC.

Principal Place of Business	Mailing Address
11875 SW 169TH STREET	11875 SW 169TH STREET
MIAMI FL 33177	MIAMI FL 33177

## **FILED** Apr 15 1998 8:00am Secretary of State



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	Signature, typed or printed name of registered agent and title if a	pplicable (NOTE	Registered Agent signature requi	red when reinstating) DATI	<u> </u>		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		IS IN 12	
TITLE	PD	DELETE	1.1 TITLE		☐ Change	Addition	
NAME	HERNANDEZ, RAFAEL		1.2 NAME				
STREET ADDRESS	11875 SW 169TH STREET		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33177		1.4 CITY-ST-ZIP				
TITLE		DELETE	2.1 TIYLE		☐ Change	☐ Addition	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2. 4 CHY-ST-ZIP				
TITLE		DELETE "	3.1 TITLE		Change	☐ Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CHY-ST-ZIP				
TITLE		DELET <b>E</b>	4.1 TITLE		☐ Change	Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET AODRESS				
CITY-ST-ZIP			4.4 Crty-St-ZiP				
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS			ì	
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition	
NAME			6.2 NAME			1	
STREET ADDRESS			6.3 STREET ADDRESS				
OUL OF THE			EACITY OF 7ID			i	

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 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 on an attacking with an address.

3/4/av (245)2V2 - 876/