

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

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1998**



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

**FILED**  
**Jul 29 1998 8:00am**  
**Secretary of State**

**DOCUMENT # P97000066592**

1. Corporation Name

**CLEARLY THE BEST HURRICANE SHUTTERS, INC.**  
**8410 N.W. 61 STREET**  
**MIAMI, FL 33166**

Principal Place of Business

Mailing Address

**8410 N.W. 61 STREET**  
**MIAMI, FL 33166**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/01/97**

2. Principal Place of Business

2a. Mailing Address

**21 8586 NW 72 STREET**

**26 8586 NW 72 STREET**

Suite Apt. #, etc.

Suite Apt. #, etc.

**22**

**27**

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

**23**

**28**

Zip  
**33166**

Country  
**USA**

Zip  
**33166**

Country  
**USA**

**24**

**29**

**30**

4. FEI Number

**65-0810319**

Applied For

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30 ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMERILAWYER**  
**343 ALMEIRA AVENUE**  
**CORAL GABLES, FL 33134**

**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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when remaining)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PRESIDENT**  
STREET ADDRESS **CARLOS C. ROMERO**  
CITY-ST-ZIP **8586 NW 72 STREET**  
**MIAMI, FL 33166**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **VICE-PRESIDENT**  
STREET ADDRESS **MARIO T. ROMERO**  
CITY-ST-ZIP **8586 NW 72 STREET**  
**MIAMI, FL 33166**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **SECRETARY**  
STREET ADDRESS **MANUEL J. ROMERO**  
CITY-ST-ZIP **8586 NW 72 STREET**  
**MIAMI, FL 33166**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **TREASURER**  
STREET ADDRESS **GEDEON ESPINOSA**  
CITY-ST-ZIP **8586 NW 72 STREET**  
**MIAMI, FL 33166**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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 in an attachment with an address.

SIGNATURE:

**CARLOS C. ROMERO-PRESIDENT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/10/98**  
Date

Leave Phone #

CR2E034 (10/97)

B.V. MAZZEO & Co.  
CERTIFIED PUBLIC ACCOUNTANTS

2

Park Plaza at Kendall  
Suite B-104  
8900 SW 117 Avenue  
Miami, FL 33186

Tel: (305) 595-7111  
Fax: (305) 279-9054

June 10, 1998

Annual Reports Filings  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Clearly the Best Hurricane Shutters, Inc.  
Document # P97000066592

To whom it may concern:

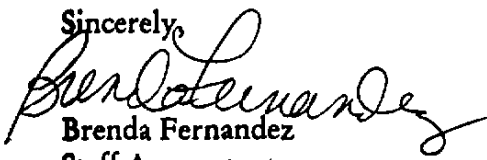
Enclosed please find the 1998 Profit Corporation Annual Report for the above mentioned corporation. My client never received the original report mailed from your office.

I spoke to someone in the Reinstatement department today, who advised me that the original report was mailed and had been returned by the post office marked "undeliverable". I was also advised that the \$400 late penalty would be waived because of the apparent postal error.

Please accept the filing fee of \$150.00, also enclosed with the report, and bring the corporation back to current status.

Please feel free to call me at (305) 595-7111 should you have any questions regarding this matter.

Sincerely,

  
Brenda Fernandez  
Staff Accountant