

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 # P97000073612

1. Corporation Name

ARCHITECTURAL WOOD PRODUCTS OF MIAMI INC.

Principal Place of Business
7987 W 28TH AVENUE
HIALEAH FL 33016

Mailing Address
7987 W 28TH AVENUE
HIALEAH FL 33016

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90021 017 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1997

4. FEI Number
65-0776287

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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **7991 W. 28th Ave.**

2a. Mailing Address

26 **7991 W. 28 Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

MARTINEZ, ROBERTO
2121 NW 84 WAY
SUNRISE FL 33322

10. Name and Address of New Registered Agent

81 Name **Susan A. Quinn**
82 Street Address (P.O. Box Number is Not Acceptable)
621 Lyons Road
83 **Apt. #9202**
84 City **Coconut Creek, FL** 85 Zip Code **33063**

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] **Pres.**

2-22-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PVTS	<input checked="" type="checkbox"/> DELETE
NAME	MARTINEZ, ROBERTO	
STREET ADDRESS	2121 NW 84 WAY	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARTINEZ, ROBERTO	
STREET ADDRESS	2121 NW 84 WAY	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PVTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Susan A. Quinn	
1.3 STREET ADDRESS	621 Lyons Rd, Apt #9202	
1.4 CITY-ST-ZIP	Coconut Creek, FL 33063	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Susan A. Quinn	
2.3 STREET ADDRESS	621 Lyons Rd, Apt. #9202	
2.4 CITY-ST-ZIP	Coconut Creek, FL 33063	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SUSAN A. QUINN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-99 (305) 364-2488
Date Daytime Phone #

CR2E034 (11/98)