SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. FILED AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). Aug 26 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P97000074462 (7) A & B GLASS AND WINDOW, INC. Principal Place of Business Mailing Address 3600 S STATE ROAD 7 3600 \$ STATE ROAD 7 #317 DO NOT WRITE IN THIS SPACE MIRAMAR FL 33023 MIRAMAR FL 33023 3. Date Incorporated or Qualified 08/27/1997 FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable \$8.75 Additional Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent Name ZEA, JOSE M 3600 S STATE ROAD 7 is Not Acceptable) 82 Street Address #317 **B**3 MIRAMAR FL 33023 84 City 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 I militar with, and accept the obligations of, section 607.0505, Florida Statutes. pistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (5/98) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 1.1 TITLE DELETE __ Change ___ Addition ZEA, JOSE M NAME 1.2 NAME 5009 SW 95TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS **COOPER CITY FL 33023** CITY-ST-ZIP 1 4 CITY-ST-ZIP TITLE DELETE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP 3.1 TITLE TITLE DELETE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE 4.1 TITLE DELETE Change Addition 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP 400002625784® TITLE DELETE 5.1 TITLE NAME 5.2 NAME **-08**/26/98--01083-**-0**38 STREET ADDRESS 5.3 STREET ADDRESS ***150.00 CITY-ST-ZIP 5.4 CITY-ST-ZIP 6 1 TITLE TITLE Change ___ DELETE 6.2 NAME 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 armula 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 redeviver 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.

STREET ADDRESS

SIGNATURE

CITY-ST-ZIP

ESPERIENTE STEET

A & B GLASS · & WINDOW

Dade: (305) 651-2638

Brwd: (954) 989-0711

Att: Dep of State

Date: 8-3-98

Page: 7

JOB Name: DED OF STATE
ADDIVEL CORP RUPORT

DESCRIPTION	Unit Price	Amount
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