**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000077319

1. Corporation Name

HAAS GLASS & MIRRORS, INC.

Principal Place of Business

Mailing Address

## May 07, 1999 8:00 am Secretary of State

05-07-1999 90140 029 \*\*\*150.00



	28 SW 48 ST AMI FL 33155	7328 SW 48 ST MIAMI FL 33155			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed  09/05/1997		
2.	Principal Place of Business	2a. Ma	iling Address		4. FEI Number Applied For		
21		26			65-0783143 Not Applicable		
22	Suite, Apt. #, etc.	Sui 27	uite, Apt. #, etc.		5. Certificate of Status Desired  \$8.75 Additional Fee Required		
23	City & State	Cit	y & State		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		
24	Zip Country 25	Zip	Cou 30	ntry	y 8. This corporation owes the current year Intangible Personal Property Tax. Yes □No		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
	ACKERMAN, STEVEN M			81	Name		
7328 SW 48 ST MIAMI FL 33155				82	2 Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	4 City FL 85 Zip Code		
11.	<ul> <li>Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig</li> </ul>	e of Florida. S	Such change was authorized	by i	re-named corporation submits this statement for the purpose of changing its registered y the corporation's board of directors. I hereby accept the appointment as registered s.		
SIC	GNATURE						
	Signature, typed or printed name of registered ag-			Agen	ent signature required when reinstating)  DATE		
12	OFFICERS AND DIRECTORS 13. ADDITIONS/CHANG				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		

Change Addition [] DELETE 11700 6 HAAS, STELLA 1.2 NAME NAME 9400 E CALUSA CLUB 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33186 CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change ☐ Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP ☐ DELETE Change ☐ Addition 4.1 TITLE TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change DELETE Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 61 TITLE ☐ Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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:

CITY-ST-ZIP