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

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90150 007 ***150.00

DOCUMENT #	#P98000022057
1. Corporation Name	OF

SHIELD SHUTTERS, INC.

Principal Place of Business

2450 SW 137th AVE
SUITE 221

SUITE 2211

Mailing Address

2450 SW 137th AVE
SUITE 2211

DO NOT WRITE IN THIS SPACE

MIAMI, FL. 33175 MIAMI, FL. 3317		175		3. Date incorporated or Qualifed			
				03/10/1998			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For			
7272 NW 25th ST.	26 7272 NW 25th ST.		65-0820511	Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional		
22	27			5. Certificate of Status Desired	Fee Required		
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be			
23 MIAMI FL	28 MIAMI FL			Trust Fund Contribution	Added to Fees		
Zip Country		untry		8. This corporation owes the current year Ir			
24 33122 25 US	29 33122 30 T	US_		Personal Property Tax.	X□ Yes □ No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
-		81	Name				
CABALLERO, MARCIA B 2450 SW 137th AVE. SUITE 221 MIAMI, FL. 33175		82	82 Street Address (P.O. Box Number is Not Acceptable)				
				-			
		83					
		84	City	FI	85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, the a	above-	named corpor	ation submits this statement for the purpose of	of changing its registered		

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		internal American state of the	equired when reinstating) DATE						
12.	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12								
	PD DELETE	1.1 TITLE	PD	(X) Change	Addition				
TITLE	_	l I	GUERRA, ELISEO		_				
NAME	GUERRA, ELISEO	1.2 NAME	7272 NW 25th ST.						
STREET ADDRESS	2450 SW 137th AVE. #221	1.3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI, FL. 33175	1.4 CITY-ST-ZIP	MIAMI, FL 33122	/FrChanna	[Addition				
TITLE	VSD □ DELETE	2.1 TITLE	VSD	Change	Addition				
NAME	MENENDEZ, SILVERIO J.	2.2 NAME	MENENDEZ, SILVERIO J.						
STREET ADDRESS	2450 S.W. 137th AVE. #221	2.3 STREET ADDRESS	7272 NW 25th ST.		l				
CITY-ST-ZIP	MIAMI, FL. 33175	2. 4 CITY-ST-ZIP	MIAMI, FL. 33122	<u>, </u>					
TITLE	VTD DELETE	3.1 TITLE	VTD	(X)Change	☐ Addition				
NAME	ROSADO, RAFAEL	3.2 NAME	ROSADO, RAFAEL						
STREET ADDRESS	2450 SW 137th AVE. #221	3.3 STREET ADDRESS	7272 NW 25th ST.						
CITY-ST-ZIP	MIAMI, FL. 33175	3.4. CITY-ST-ZIP	MIAMI, FL. 33122						
TITLE	DELETE	4.1 TITLE		☐ Change	☐ Addition				
NAME		4. 2 NAME							
STREET ADDRESS		4.3 STREET ADDRESS							
CITY-ST-ZIP		4.4 CITY-ST-ZIP							
TITLE	☐ DELETE	5.1 TITLE		☐ Change	☐ Addition				
NAME		5.2 NAME							
STREET ADDRESS		5.3 STREET ADDRESS							
CITY-ST-ZIP		5.4 CITY-ST-ZIP							
TITLE	☐ DELETE	6.1 TITLE		☐ Change	☐ Addition				
NAME		6.2 NAME							
STREET ADDRESS		6.3 STREET ADDRESS							
CITY-ST-ZIP	\	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 of supplemental portial 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 of the recenter 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 or an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/99

Daytime Phone #

ZEU34 (11/98)