

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

0255766

PROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED

90 JUN 24 AM 9:06

DOCUMENT # P98000086424

1. Corporation Name
ADVANCED SHUTTER CORP.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 13727 S.W. 152 ST. #105 MIAMI FL 33177	Mailing Address 13727 S.W. 152 ST. #105 MIAMI FL 33177
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/08/1998	
4. FEI Number 65-0867956	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	27 City & State	28 City & State
23 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent

PEREZ, PABLO JR.
14813 S.W. 155 PL.
MIAMI FL 33196

81 Name	82 Street Address (P.O. Box Number Is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, PABLO JR.	1.2 NAME	
STREET ADDRESS	14813 S.W. 155 PL.	1.3 STREET ADDRESS	4000002918664--E
CITY-ST-ZIP	MIAMI FL 33196	1.4 CITY-ST-ZIP	-06/29/99--01059--002
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, JEANDELIZE A	2.2 NAME	
STREET ADDRESS	14813 S.W. 155 PL.	2.3 STREET ADDRESS	****155.00 ****155.00
CITY-ST-ZIP	MIAMI FL 33196	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Daniel R. Perry Jr.

24-20-99 325-0982

CR2E034 (11/98)

CC 98BS00358

Estimate No: 990

Date: 6/15/99
Date:

ADVANCED SHUTTER CORP.

13727 S.W. 182 St. #105
Miami, FL. 33177

Tel: (305) 321-0882
Fax: (305) 234-0873

TO: Mr. DIVISION OF CORPORATIONS
Address: PO BOX 1500
Miami, FL TALLAHASSEE

Phone: (305)

FAX:

ATTE: DIVISION OF CORPORATIONS AGENT:
ADVANCED SHUTTER CORP. SEND 1ST Payment
Apr 21 1999, for Some Reason Letter was
Send back to AS, now my Concern is
do I have to pay only \$150⁰⁰ OR
the \$550⁰⁰ I have call several
times for these matter when I Spoke
to AGENTS they said to me to send the
\$150 dls with these letter explaining situation.
I started not so long ago my bussines and
is not easy to come out with the 550⁰⁰
so for that matter please I beg you
to consider that is hard at these moment.
for us to pay 550 dls. please I will understand
any Decision from you Dahler Day Jr.
Thank you for your understanding