

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
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90080 015 ***150.00

DOCUMENT # P98000087256

1. Corporation Name

THE WINDOW FASHION STORE, INC.

Principal Place of Business

2085 NW 87TH AVE. SUITE A
MIAMI FL 33172

Mailing Address

2085 NW 87TH AVE. SUITE A
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/09/1998

4. FEI Number

65-0873003

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 2581 N.W. 79 th. Avenue
Suite, Apt. #, etc.

22

City & State
23 Miami, Florida

Zip

24 33122

Country

25 U.S.A.

2a. Mailing Address

26 2581 N.W. 79 th. avenue
Suite, Apt. #, etc.

27

City & State
28 Miami, Florida

Zip

29 33122

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

BLANCO, LUIS
2085 NW 87TH AVE, SUITE A
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name

Eduardo Gonzalez

82 Street Address (P.O. Box Number is Not Acceptable)

8180 N.W. 36 Street, Suite 100

83

84 City Miami

FL

85 Zip Code
33166

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

Eduardo Gonzalez

3-20-99

DATE

12. OFFICERS AND DIRECTORS

TITLE OFFICER
NAME EDUARDO GONZALEZ
STREET ADDRESS 8180 N.W. 36 ST. SUITE 100, MIAMI
CITY-ST-ZIP FL, 33166

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/17/99

305-4776969

CR2E034 (11/98)