

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## FILED Apr 02, 1999 8:00 am Secretary of State 04-02-1999 90028 008 \*\*\*150.00

DOCUMENT # P98000107613								
	GLASS IMPORT, INC.	Mailing Address  13498 RISCATNE BLVD. SURE 102  NORTH MANN F. 33181  2a. Mailing Address 2d. Suths, Apt. #, etc.  2 Suths, Apt. #, etc.  2 City & State  Country  3				( ()== <b>4</b> (()( ) <b>8</b> ()		
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Principal Place	e of Business	Mailing Address				ים הועיבו רשהעם בוותם בוותם אונחו בשנתי מנו מנו היום מנו השבנו מנוג ו		I AJ <b>OR</b> I (EE) INDI
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NUMBER MEANAGE	r min	1901111 1111111111111111111111111111111				3. Date Incorporated or Qualifed		
·	face of Business	<u>├</u> ─┐ `				66-0888966	— <del>-</del> -	Applied For
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Suite, Apt.	#, <del>U</del> (G.	<u> </u>	<del>-</del> -			5. Certificate of Status Desired Fee Required		
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Zip	Country	<b>├</b> ─┐ `	~ <sup>-</sup>					
24	9. Name and Address of Current							
				81	Name			
MACLI, ANTONIO A			: !	82	Street Add	dress (P.O. Box Number is Not Acceptable)		
. 13499 BISCAYNE BLVD. SUITE 102								
	= 102  H MIAMI FL 33181			83				
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44 Dissert	to the provisions of Sections 607 060	and 607 1508 Florida Stat	tutes the al	bove	-named co		changing i	ts registered
office of t	registered agent, or both, in the State of	of Florida, Such change was	authorized	by nes	the corpora	ion's board of directors. I hereby accept the appo	ntment as	registered
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SIGNATURE	Signature, typed or printed name of registered agent		<del></del> _	Aper	x signature requi		ID DISECT	OPS (N 12
12.	OFFICERS AN	D DIRECTORS				ADDITIONS/CHANGES TO OFFICERS A		
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44 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and a second second second second second	the files doop not qualify	for the eye	mnti	ion stated in	Section 119 07(3)(i) Florida Statutes, I further ce	rury that the	ร เกรอกกลของก

SIGNATURE: \_

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 informational report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under ceth; that I am an office 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.

GNATURE:

| Comparison of the corporation of the receiver or trustee empowered | Comparison of the corporation of the corp