

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

FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S24611 1. Corporation Name L.A. GLASS & MIRROR CORP.			
Principal Place of Business 7116 N.W. 42 STREET MIAMI, FLORIDA 33166		Mailing Address 7116 n.w. 42 Street Miami, Florida 33166	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 01/14/1991		3a. Date of Last Report 01/27/1997	
4. FEI Number 65-0237447		Applied For 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	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent LEAL, ANGEL A. 7116 N.W. STREET MIAMI, FLORIDA 33166-6825		10. Name and Address of New Registered Agent 81 Name Leal, Omar 82 Street Address (P.O. Box Number is Not Acceptable) 7116 N.W. 42 Street 83 84 City MIAMI FL 85 Zip Code 33166-6825	
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 <i>[Signature]</i> OMAR LEAL (PRESIDENT) 4/22/1997 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD <input checked="" type="checkbox"/> DELETE 1.2 NAME LEAL, ANGEL A. 1.3 STREET ADDRESS 7116 n.w. 42 St. 1.4 CITY - ST - ZIP MIAMI, FLA. 33166-6825 <input checked="" type="checkbox"/> DELETE		1.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME LEAL, OMAR 1.3 STREET ADDRESS 7116 N.W. 42 STREET 1.4 CITY - ST - ZIP MIAMI, FLORIDA 33166-6825	
2.1 TITLE VD 2.2 NAME LEAL, OMAR 2.3 STREET ADDRESS 7116 N.W. 42 STREET 2.4 CITY - ST - ZIP MIAMI, FLOIRDA 33166-6825		2.1 TITLE VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME LEAL CASTELLANOS, YOLANDA 2.3 STREET ADDRESS 7116 N.W. 42 STREET 2.4 CITY - ST - ZIP MIAMI, FLORIDA 33166-6825	
3.1 TITLE STD 3.2 NAME PEREZ, SANDALIO R. 3.3 STREET ADDRESS 7116 n.w. 42 STREET 3.4 CITY - ST - ZIP MIAMI, FLOIRDA 33166-6825		3.1 TITLE STD <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME PEREZ, SANDALIO R. 3.3 STREET ADDRESS 7116 N.W. 42 STREET 3.4 CITY - ST - ZIP MIAMI, FLORIDA 33166-6825	
4.1 TITLE <input type="checkbox"/> DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
5.1 TITLE <input type="checkbox"/> DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
6.1 TITLE <input type="checkbox"/> DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	
14. I do 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, unchanged, or on an attachment with an address. SIGNATURE <i>[Signature]</i> SANDALIO R. PEREZ (STD) 4/22/1997 (305) 593-8555 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (9/96)