FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S35202** **(8)**

1. Corporation Name

JOSMAN DOOR, CORP.

Principal Place of Business	Mailing Address
6965 NW 74 ST. MEDLEY FL 33166	6965 NW 74 ST. MEDLEY FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/04/1991**
3a. Date of Last Report: **04/15/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26: 6960 NW 74 st
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28: MIAMI, FLORIDA
Zip — 24:
Country — 25:
Zip — 29: 33166
Country — 30:

4. FEI Number: **65-0254810** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HERRERA, ISEL
4001 NW 4TH
MIAMI FL 33126

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.1622 and 607.1908, 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: JBY

(Registered Agent's signature required for agent change)

12. OFFICER AND DIRECTOR	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
TITLE: SP NAME: BOSCH, JOSE STREET ADDRESS: 2616 WEST 70TH PLACE CITY-ST-ZIP: HIALEAH FL	☐ Change ☐ Addition
TITLE: V NAME: HERRERA, ISEL STREET ADDRESS: 4001 NW 4TH ST CITY-ST-ZIP: MIAMI FL	☐ Change ☐ Addition
TITLE: T NAME: HERRERA, ORLANDO STREET ADDRESS: 4001 NW 4 ST. CITY-ST-ZIP: MIAMI FL	☐ Change ☐ Addition
TITLE: S NAME: BOSCH, BARBARA STREET ADDRESS: 2616 W. 70TH PLACE CITY-ST-ZIP: HIALEAH FL	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition

14. To the best of my knowledge, information supplied with this report is complete and accurate, and I am duly authorized to execute this report. I further certify that the information indicated on this 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.

SIGNATURE: JBY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/95
Date

305 883-6777
Telephone #

0180285 CP