

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

99 MAY 19 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V08930

1. Corporation Name

ACTION SILVA'S AUTO GLASS & TRIM INC.

Principal Place of Business

1819 SOUTH STATE RD 7
FT. LAUDERDALE FL 33317

Mailing Address

1819 SOUTH STATE RD 7
FT. LAUDERDALE FL 33317

2. Principal Place of Business

21 Same

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25 Mailing Address

26 1819 South St Rd 7

Suite, Apt. #, etc.

27 City & State

28 Ft. Lauderdale, FL

29 Zip

30 33317

Country

9. Name and Address of Current Registered Agent

SILVA, OSWALDO
3481 S.W. 15 COURT
FT. LAUDERDALE FL 33312

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 607.0502 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 date if applicable

(NOTE: Registered Agent signature required when not at right)

DATE

12. OFFICERS AND DIRECTORS

TITLE P [] DELETE

NAME SILVA, OSWALDO
STREET ADDRESS 3481 S.W. 15 COURT
CITY-ST-ZIP FT. LAUDERDALE FL 33312

TITLE V [] DELETE

NAME SILVA, JUDITH
STREET ADDRESS 3481 S.W. 15 COURT
CITY-ST-ZIP FT. LAUDERDALE FL 33312

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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NAME

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

4-28-99

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CR2E034 (11/98)