FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

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

1996

AUTU	O GLASS USA, INC.	94 (9)		 	
Principal Place	of Business	Mailing Address			ii kali ele aldi gibil ele elei gibil elei elei elei gibil (F
911 WEST HALLANDALE BEACH BLVD. HALLANDALE FL 33009		911 WEST HALLANDALE BEACH BLVD. HALLANDALE FL 33009			
				3. Date Incorporated or Qualifie	
2. Principal Pla	ice of Business	2a. Mailing Address		03/26/1992 4. FEI Number	04/28/1995
21	or Delaning	26		65-0323075	Applied For
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Z _I D	Country	28	Τ ο	Trust Fund Contribution	Added to Fees
24	25	Zip 29	Country 30		for intangible tax under s 199.032,
	g. Name and Address of Current		130	10. Name and Address of New	Yes No
			81 Name	TO. THE PIECE PROPERTY OF THE PIECE	A Hodistoran Wasiii
NUJGER, MARIO ALBERTO 911 WEST HALLANDALE BEACH BL			82 Street Ad	ddress (P.O. Box Number is Not Accept	table
),	OZ Sileet AL	udress (i.e. box nomber is not Accept	тагле)
HALLAI	NDALE FL 33009		83		
			84 City		85 Zip Code
11 Dura pat ta	the provisions of Continue CO7 OF GO	1007 1500 51 11 0			j-1 '
TT. Pursuant to	the provisions of Sections 607.0502 diagent, or both, in the State of Florid	and 607 1508, Florida Statute	s, the above-named com	paration cultimite this atatamant for the s	numage of changing its registered offic
or registere	O	1a Such change was authorize	ed by the corporation's bo	portion submits this statement for the poor of directors. Thereby accept the ar	nonintment as registered agont. Lam
familiar with	n, and accept the obligations of, Section	on 607.0505, Florida Statutes.	ad by the corporation's b	poration submits this statement for the population submits the space of directors. I hereby accept the appropriate the population of the populatin of the population of the population of the population of the po	ppointment as registered agent. I am
familiar with SIGNATURE	, and discopt the obligations of, obotic	on 607.0505, Florida Statules.		ward of directors, I hereby accept the ap	ppointment as registered agent. I am
familiar with	n, and accept the obligations of, Sections, and accept the obligations of registered agent a OFFICERS AND	on 607.0505, Florida Statutes.	TE Registered Agent signature requ	cured when reinstating)	ppointment as register∈d agent. I am
familiar with SIGNATURES 12.	ignature, typed or printed name of registered agent a	on 607.0505, Florida Statutes.	TE Registered Agent signature requ	cured when reinstating)	ppointment as registered agent. I am DATE DEFICERS AND DIRECTORS IN 12
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(954) 448-2388