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PROFIT CORPORATION ANNUAL REPORT **1999**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90162 049 ***150.00

DOCUMENT # V24494 1. Corporation Name	
AUTO GLASS USA, INC.	

Principal Place of Business

Mailing Address

911 WEST HALLANDALE BEACH BLVD. HALLANDALE FL 33009 911 WEST HALLANDALE BEACH BLVD.

HALLANDALE FL 33009 DO NOT WRITE IN THIS SPACE 3.=Date:Incorporated:or.Qualifed:=== 03/26/1992 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business 65-0323075 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Country Zip Zip This corporation owes the current year Intangible 30 Personal Property Tax. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name NUJGER, MARIO ALBERTO 82 Street Address (P.O. Box Number is Not Acceptable) 911 WEST HALLANDALE BEACH BLVD. HALLANDALE FL 33009 83 City 84 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.

(NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable CR2E034.(11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change ☐ Addition ☐ DELETE 1.1 TITLE TITLE NUJGER, MARIO ALBERTO 1.2 NAME NAME 77 1550 BRICKELL AVENUE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIF CITY-ST-ZIP Change Addition ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Addition 5.1 7ITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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

SIGNATURE:

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

(954) 458-2888

Daytime Phone #