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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Morrisan

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V36920

(9)

CLASSIC WORLD OF WINDOWS, INC.

Principal Place of Business	Mailing Address	
116 NE 39TH ST MIAMI FL 33137 US	116 NE 39TH ST Miami FL 33137 US	

FILED Jul 28 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/15/1992 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 65-0335210 Not Applicable Suite, Apl. #, etc. Suite Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible Yes 29 30 Personal Property Tax due June 30. ☐ No 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GOMEZ, DANIA 11380 BISCAYNE BLVD 82 Street Address (P.O, Box Number is Not Acceptable) SUITE 213 83 N MIAMI FL 33181 84 City 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 607.0605, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE PTD President Change Addition TITLE 1 t 1/1/E GOMEZ, DANIA DANIA Some 1.2 NAME NAME 155 NW 110TH STREET 155 N.W 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-7IP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS DITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 0000025040**2**@nange 5.1 TITLE TITLE

6.2 NAME NAME STREET ADDRESS 63 STHEET ADDRESS 6.4 CITY - ST - ZIP City-St-ZiP

5.2 NAME

61 TITLE

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

14. Thereby 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 open is true and accurate and that my stgnature 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:

NAME

TITLE

STREET ADDRESS CITY-ST-ZIP

DELETE

Change

Addition

--07/31/98---01040---034

***150.00