


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 20, 1999 8:00 am**  
**Secretary of State**

08-20-1999 90002 011 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V36920**

1. Corporation Name

**CLASSIC WORLD OF WINDOWS, INC.**

Principal Place of Business

**116 NE 39TH ST  
MIAMI FL 33137  
US**

Mailing Address

**116 NE 39TH ST  
MIAMI FL 33137  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/15/1992**

2. Principal Place of Business

**21 155 NW 110<sup>th</sup> ST**

2a. Mailing Address

**26 155 NW 110<sup>th</sup> ST**

4. FEI Number

**65-0335210**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75** Additional Fee Required

City & State

**23 MIAMI FL**

City & State

**28 MIAMI FL**

6. Election Campaign Financing Trust Fund Contribution

☐

**\$5.00** May Be Added to Fees

Zip

**24 33168**

Country

Zip

**29 33168**

Country

8. This corporation owes the current year Intangible Personal Property.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**GOMEZ, DANIA  
11380 BISCAYNE BLVD  
SUITE 218  
N MIAMI FL 33181**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**155 NW 110<sup>th</sup> ST**

83

84 City

**MIAMI**

FL

85 Zip Code

**33168**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **GOMEZ, DANIA**  
STREET ADDRESS **155 NW 110TH STREET**  
CITY-ST-ZIP **MIAMI FL 33168**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**8/7/99**

CR2E034 (5/99)

V36920  
608218-90002-11  
8/16/99

FLA. DEPT. OF STATE.

DIVISION OF CORPORATIONS.

P.O. Box 6327

ALIA HASSE, FL. 32314

To Whom It May Concern:

CLASSIC WORLD OF WINDOWS INC.

MOVE ON SEPT 1998 TO 155 N.W. 11057  
MIAMI, FL. 33168.

WE JUST RECEIVED THE CORPORATE PAPERS  
SEE COPIE OF WRONG ADDRESS.  
FIRST NOTICE WAS NEVER RECEIVED.

PLEASE BE ADVISED OF NEW ADDRESS

155 N.W. 11057

MIAMI, FL. 33168

TEL 305. 759-0333.

FAX 305. 759-5100

Thank you.

Dann GDD