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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V66507

LOYAL GLASS CORPORATION

Principal Place of Business

Mailing Address

P.O. BOX 65-2313

FILED Aug 18 1997 8:00am Secretary of State

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MIAMI FL 3326	5-2313			M	NAMI FL 33265-2313							
								3	3. Date Incorporated or Qualified 09/23/1992		3a. Date of Last Report 06/20/1996	
'	ace of Business				Mailing Address			4	I. FEI Number		Ap	plied For
21 49	06 SW	Ave	26	<u>Sav</u>	ne			65-0361817		No	t Applicable	
Sulte, Apt. #	#, etc.			Suite, Apt. #, etc.			5	5. Certificate of Status Desired		\$8.75 / Fee Re		
City & State	a m	F	L	City & State			6	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip		iuntry			Zip	Col	intry	8	This corporation has liability for	intangibl	e tax under s.	199.032,
24 3375		Dad		29		30	T				□ No	
	9, Name and A	ddress of	Current F	tegis	stered Agent		04 N	10). Name and Address of New Ro	egistered	Agent	
	L, MERCEDES	_					81 Name	EA	L, ANGEL A	i .		
	05-B SW B4TH S	Ī			•		82 Street Add	ress ((P.O. Box Number is Not Accepta			1.1
MAI	MI FL 33183						83 490	96	SW 78 AT	سار		
							63					
							84 City			CI	85 Zip (
44 (0.00000) 4	a the provisions of	Continue 6	07.05.00		207 1E09 Florido Pint	don the e	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	iu	m .	FL		155
office or re	egistered agent, or	both, in th	e State of	Flori	da. Such change was	authorize	d by the corpore	poran ation's	ion submits this statement for the board of directors.	purpose i	pointment as	registered
agent. I an	A	_	e obligatio •	ons o	f, Section 607,0505, F	lorida 6ta	tutes.				7/2	1/0
SIGNATURE -	HNG Signature, typed or printed	I name of regis	tered aport a	od tile	il evoluable (No	1F: Barilston	d Agont signature rec	ren wh	ien reinsteling)	DATE	1/0	47/
12.	Digitality, typod or printing		RS AND E			13.	a vigorit organica o riginal		ADDITIONS/CHANGES TO OFFI		D DIRECTOR	S IN 12
TITLE	P				☐ DELETE	1.1 T	TLE				Change	Addition
NAME	LEAL, ANGEL A	A.				1.2 N	AME					
STREET ADDRESS	4900 SW 75TH	I AVE				1.3 \$	TREET ADDRESS					
CITY-ST-ZIP	MIAMI FL					1,4 0	ITY-ST-ZIP					
TITLE	ST				☐ DELETE	2.1 T	TLE				☐ Change	Addition
NAME	LEAL, MERCEC					2.2 N	AME					
STREET ADDRESS	4900 SW 75TH	AVE				2.3 S	TREET ADDRESS					
CITY-ST-ZIP	MIAMI FL						CITY-ST-ZIP					(1,755)
TITLE					☐ DELETE	3.1 T					L Change	Addition
NAME						3.2 ₺						
STREET ADDRESS						1	TREET ADDRESS					
CITY-ST-ZIP					☐ DELETE	3.4. (4.1 T	CITY-ST-ZIP				Change	Addition
TITLE NAME					_ DECEME	4.1 (C Arrando	L. Addition
							TREET ADDRESS					
STREET ADDRESS							ITY-ST-ZIP					
TITLE					DELETE	5.1 1					☐ Change	Addition
NAME						5.2 N						
STREET ADDRESS							TREET ADDRESS					
CITY-ST-ZIP							ITY-ST-ZIP					
TITLE	<u> </u>				☐ DELETE	6.1 T					Change	Addition
NAME						6.2 N	AME					
STREET ADDRESS						6.3 S	TREET ADDRESS					
CITY-ST-ZIP							ITY-ST-ZIP		•			
information Lam an of	n in d icated on this fic er o r director of t	annual rep the corpori	ort or supl ation or th	iplen e rec	his filing does not qua nenjal annual report is ceiver or trustee empo attachment with an ar	true and wered to-	exemption state accurate and that execute this repo	ed in S at my s ort as	Section 119.07(3)(i), Florida Statut signature shall have the same leg required by Chapter 607, Florida	es. I furth al effect a Statutes;	er certify that as if made un- and that my r	the der oath; tha name