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**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90115 033 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000017256**

1. Corporation Name  
**ALUFAB HURRICANE SHUTTERS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 2341 ALI BABA AVE  
 OPA LOCKA FL 33054  
 US

Mailing Address  
 2341 ALI BABA AVE  
 OPA LOCKA FL 33054  
 US

3. Date Incorporated or Qualified  
**03/04/1994**

4. FEI Number  
**65-0489240**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election, Campaign Financing Trust Fund Contribution  **-\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 **2353 Ali Baba Avenue**

2a. Mailing Address  
 26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State

24 Zip Country 25 29 Zip Country 30

9. Name and Address of Current Registered Agent

**ANDRADE, RICHARD D**  
**2341 ALI BABA AVE**  
**OPALOCKA FL 33054**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME **PD ANDRADE, ROBERT A**

STREET ADDRESS **2359 NW 97 LANE**

CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE  DELETE

NAME **VD ANDRADE, RICHARD D**

STREET ADDRESS **5210 NW 75 AVENUE**

CITY-ST-ZIP **LAUDERHILL FL 33139**

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, with all other like empowered.

SIGNATURE: **David Andrade**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99 305 688 4701  
 Date Daytime Phone #

CR2E034 (1/1/98)