

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 31 AM 10: 58

DOCUMENT # **K50114 (3)**
1. Corporation Name
J.K.L. ROOFING CONTRACTORS INC., AND ASSOCIATES

Principal Place of Business Mailing Address
% MARIA ELENA VAZQUEZ **% MARIA ELENA VAZQUEZ**
3226 N.W. 30TH ST. **3226 N.W. 30TH ST.**
MIAMI FL 33142-6312 **MIAMI FL 33142-6312**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/08/1988** 3a. Date of Last Report: **03/17/1994**

4. FEI Number: **65-0091675** Applied For: Not Applicable

5. Certificate of Status Desired: **\$6.75 Additional Fee Required**

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address
21 **8933 N.W. 111 Ter.** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **HIACLEA GARDENS** 27
City & State City & State
23 **FL.** 28
Zip Country Zip Country
24 **33016** 25 29 30

9. Name and Address of Current Registered Agent
KOPETMAN, EDITH
3226 N.W. 30TH ST.
MIAMI FL 33142

10. Name and Address of New Registered Agent
01 Name: **JAIME LOPEZ**
02 Street Address (P.O. Box Number is Not Acceptable): **8933 N.W. 111 TER.**
03 **HIACLEA**
04 City: **GARDENS** FL 05 Zip Code: **33016**

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]* **President**

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	RAMIREZ, MARIA ELENA
STREET ADDRESS	6975 W 10 AVE., APT 4 N
CITY, ST, ZIP	HIACLEA FL
TITLE	VD
NAME	LOPEZ, AUGUSTO
STREET ADDRESS	1161 N.W. 4TH ST.
CITY, ST, ZIP	MIAMI FL
TITLE	SD
NAME	KOPETMAN, EDITH
STREET ADDRESS	3226 N.W. 30TH ST.
CITY, ST, ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lopez, Jaime	
1.3 STREET ADDRESS	8933 N.W. 111 Ter.	
1.4 CITY, ST, ZIP	Hiaclea Gardens, FL, 33016	
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lopez, Rose	
2.3 STREET ADDRESS	8933 N.W. 111 Ter.	
2.4 CITY, ST, ZIP	Hiaclea Gardens, FL 33016	
3.1 TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Euceda Eirelyn	
3.3 STREET ADDRESS	8933 N.W. 111 Ter.	
3.4 CITY, ST, ZIP	Hiaclea Gardens, FL 33016	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information reported 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 recorder 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 of this report, or as an attachment with an address.

SIGNATURE: *[Signature]* **Jaime Lopez** (Date) **6-22-94**