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

APPROVED AND FILED

1995 MAR -2 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000049353 (4)

1. Corporation Name
TROPICAL WATERPROOFING SUPPLY, INC.

000001423420
-03/07/95--01126--015
DO NOT WRITE IN THIS SPACE
****200.00 ****200.00

Principal Place of Business
% RICARDO E. PINES, P.A.
3301 PONCE DE LEON BLVD., SUITE 200
CORAL GABLES FL 33134

Mailing Address
% RICARDO E. PINES, P.A.
3301 PONCE DE LEON BLVD., SUITE 200
CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 07/08/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 65-0429030 — Applied For / Not Applicable

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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
PINES, RICARDO E
3301 PONCE DE LEON BLVD.
SUITE 200
CORAL GABLES FL 33134

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

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	SUAREZ, LEWIS
STREET ADDRESS	3301 PONCE DE LEON BLVD / STE - 200
CITY-ST-ZIP	CORAL GALBES FL
TITLE	VP
NAME	PARKER, JOHN
STREET ADDRESS	3301 PONCE DE LEON BLVD / STE - 200
CITY-ST-ZIP	CORAL GABLES FL
TITLE	TD
NAME	ZUCCARO, ARNALDO
STREET ADDRESS	3301 PONCE DE LEON BLVD / STE - 200
CITY-ST-ZIP	CORAL GABLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSD	☑ Change ☐ Addition
1.2 NAME	ZUCCARO, Arnaldo	
1.3 STREET ADDRESS	3301 Ponce de Leon Blvd., Ste. #200	
1.4 CITY-ST-ZIP	Coral Gables, FL 33134	
2.1 TITLE	VPD	☑ Change ☐ Addition
2.2 NAME	Fruscciante, Mauricio	
2.3 STREET ADDRESS	3301 Ponce de Leon Blvd., Ste. 200	
2.4 CITY-ST-ZIP	Coral Gables, FL 33134	
3.1 TITLE	TD	☑ Change ☐ Addition
3.2 NAME	Zuccaro, Paolo	
3.3 STREET ADDRESS	3301 Ponce de Leon Blvd., Ste. 200	
3.4 CITY-ST-ZIP	Coral Gables, FL 33134	
4.1 TITLE	D	☐ Change ☑ Addition
4.2 NAME	Zuccaro, Camilo	
4.3 STREET ADDRESS	3301 Ponce de Leon Blvd., Ste. 200	
4.4 CITY-ST-ZIP	Coral Gables, FL 33134	
5.1 TITLE	D	☑ Change ☐ Addition
5.2 NAME	PARKER, John	
5.3 STREET ADDRESS	3301 Ponce de Leon Blvd., Ste. 200	
5.4 CITY-ST-ZIP	Coral Gables, FL 33134	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME	OLA	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	3-2	

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)(k), 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] / PRESIDENT — Feb. 17, 1995 — (305) 856 6730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0141807 CP