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
95 MAY -1 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **246949** (2)

1. Corporation Name
QUALITY ROOF TRUSS COMPANY

Principal Place of Business	Mailing Address
700 NW 107 AVE MIAMI FL 33172	700 NW 107 AVE MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/27/1961
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-0933031 — 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 taxable, tax intangible tax under ... Florida Statutes X Yes ☐ No

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

9. Name and Address of Current Registered Agent

WATSKY, MORRIS J.
700 N.W.107TH AVE.,4TH FL.
MIAMI FL 33172

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	VD	TITLE	☐ Change ☐ Addition
NAME	BOLOTIN, IRVING	NAME	
STREET ADDRESS	700 NW 107 AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	CITY-ST-ZIP	
TITLE	SD	TITLE	☐ Change ☐ Addition
NAME	COLE, ROBERT, B	NAME	
STREET ADDRESS	700 NW 107 AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	CITY-ST-ZIP	
TITLE	CPD	TITLE	C, D — X Change ☐ Addition
NAME	MILLER, LEONARD	NAME	
STREET ADDRESS	700 NW 107 AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	CITY-ST-ZIP	
TITLE	VD	TITLE	☐ Change ☐ Addition
NAME	PEKOR, ALLAN J	NAME	
STREET ADDRESS	700 NW 107 AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	CITY-ST-ZIP	
TITLE	T	TITLE	☐ Change ☐ Addition
NAME	SALEDA, M. E.	NAME	
STREET ADDRESS	700 NW 107 AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI,F L 00000	CITY-ST-ZIP	
TITLE	AS	TITLE	☐ Change ☐ Addition
NAME	SIERRA, E. KATHLEEN	NAME	
STREET ADDRESS	700 NW 107 AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	

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(1)(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: Kathleen E. Sierra — Kathleen E. Sierra — 4/14/95 — (305) 229-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0187206 CP