

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 246949 (2)

1. Corporation Name

QUALITY ROOF TRUSS COMPANY



Principal Place of Business

700 NW 107 AVE  
MIAMI FL 33172

Mailing Address

700 NW 107 AVE  
MIAMI FL 33172

3. Date Incorporated or Qualified  
04/27/1961

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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 liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

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

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 date, if applicable

(NOTE: Registered Agent Signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD  
NAME BOLOTIN, IRVING  
STREET ADDRESS 700 NW 107 AVE  
CITY- ST- ZIP MIAMI, FL 00000 ☐ DELETE

TITLE SD  
NAME COLE, ROBERT, B  
STREET ADDRESS 700 NW 107 AVE  
CITY- ST- ZIP MIAMI, FL 00000 ☐ DELETE

TITLE CD  
NAME MILLER, LEONARD  
STREET ADDRESS 700 NW 107 AVE  
CITY- ST- ZIP MIAMI, FL 00000 ☐ DELETE

TITLE VD  
NAME PEKOR, ALLAN J  
STREET ADDRESS 700 NW 107 AVE  
CITY- ST- ZIP MIAMI, FL 00000 ☐ DELETE

TITLE T  
NAME SALEDA, M. E.  
STREET ADDRESS 700 NW 107 AVE  
CITY- ST- ZIP MIAMI, FL 00000 ☐ DELETE

TITLE AS  
NAME SIERRA, E. KATHLEEN  
STREET ADDRESS 700 NW 107 AVE  
CITY- ST- ZIP MIAMI FL ☐ DELETE

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

600001805716  
-03/06/96--91849--012  
\*\*\*200.00

300001811183  
-05/07/96--01089--012  
\*\*\*200.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathleen E. Sierra  
Kathleen E. Sierra

Date

4-4-96

Original Phone #

229-6400

CR2E034 (12/95)