

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 JAN 18 AM 8:57

DOCUMENT # **F26995** (3)

1. Corporation Name
PIONEER WATERPROOFING SUPPLY, INC.

Principal Place of Business Mailing Address
3451 NW 14TH AVENUE **3451 NW 14TH AVENUE**
POMPANO BEACH FL 33064 **POMPANO BEACH FL 33064**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
03/25/1981 **01/19/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2151766		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input checked="" type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>			
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes			
24	25	29	30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

HERNANDEZ, ROY C. JR.
3451 NW 14TH AVENUE
POMPANO BEACH 33064

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 of corporation

DATE Registered Agent signature required when registering

1-9-95
DAN

12. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	HERNANDEZ, ROY C. JR.
STREET ADDRESS	3451 NW 14TH ST.
CITY- ST- ZIP	PLANTATION FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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

11 TITLE	Vice-President/Treasurer	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
12 NAME	Roy C. Hernandez, Jr.		
13 STREET ADDRESS	3451 N.W. 14th Ave.		
14 CITY- ST- ZIP	Pompano Beach, Fl. 33064		
21 TITLE	President/Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
22 NAME	Dorothy Hernandez		
23 STREET ADDRESS	3451 N.W. 14th Ave.		
24 CITY- ST- ZIP	Pompano Beach, Fl. 33064		
31 TITLE	Vice-President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
32 NAME	Roy Hernandez III		
33 STREET ADDRESS	3451 N.W. 14th Ave.		
34 CITY- ST- ZIP	Pompano Beach, Fl. 33064		
41 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
42 NAME			
43 STREET ADDRESS			
44 CITY- ST- ZIP			
51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
52 NAME			
53 STREET ADDRESS			
54 CITY- ST- ZIP			
61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
62 NAME			
63 STREET ADDRESS			
64 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 191.041(1)(b), Florida Statutes. I further certify that the information indicated on the 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 my attachment with an address.

SIGNATURE:

Roy Hernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-95
Date

305-943-8050
Telephone Number