## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(7)

J. VALIENTE ROOFING, INC.

Principal Place of Business Mailing Address

## **FILED** Mar 31 1998 8:00am Secretary of State



| 1770 N.W.<br>Miami Fl  | 7TH STREET<br>33125 | 1770 N.W. 7TH STREE<br>MIAMI FL 33125 | ET                  |           |            | DO NOT WRITE IN THIS S  3. Date Incorporated or Qualified  11/06/1981                               | PACE                              |                         |  |  |
|--|---------------------|---------------------------------------|---------------------|-----------|------------|---|-----------------------------------|-------------------------|--|--|
| 2. Principal   | Place of Business   | 2a. Mailing Address                   |                     |           |            | 4. FEI Number   |                                   | Applied For             |  |  |
| 21   |                     | 26                                    |                     |           |            | 59-2141728  |                                   | Not Applicable          |  |  |
| Suite, Apt   | . #, etc.           | Suite, Apt #, etc.                    |                     |           |            | 5. Certificate of Status Desired  | \$8.75 Additional<br>Fee Required |                         |  |  |
| City & Sta   | le                  | City & State                          |                     |           |            | Election Campaign Financing     Trust Fund Contribution   |                                   | 00 May Be<br>ed to Fees |  |  |
| Zip<br>24  | Country 25          | 7ip <b>29</b>                         | Cour<br>30          | itry      | ·          | 8. This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. |                                   |                         |  |  |
| g. Name and Address of Current Registered Agent  |                     |                                       |                     |           |            | 10. Name and Address of New Registered Agent  |                                   |                         |  |  |
| VALIENTE, JULIAN C.  |                     |                                       |                     |           | Name       |   |                                   |                         |  |  |
| 4000 S.W. 5TH TERR.<br>MIAMI FL 33134  |                     |                                       | Ī                   | B2        | Street Add | dress (P.O. Box Number is Not Acceptable)   |                                   |                         |  |  |
|  |                     |                                       | [4                  | B3        |            |   |                                   |                         |  |  |
|  |                     |                                       | ļ                   | В4        | City       | FL  | 85 Z                              | ip 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 ported name of registered agent and title if applicable. (NOTE: Registated Agent signature required when reinstating).  DATE |                     |                                       |                     |           |            |   |                                   |                         |  |  |
| 12.  | OFFICERS AN         | D DIRECTORS                           | 13.                 |           |            | ADDITIONS/CHANGES TO OFFICERS AND   | DIRECT                            | ORS IN 12               |  |  |
| TITLE  | PD                  | ☐ DELETE                              | 1.1 TITL            | .E        |            |   | Chang                             | e 🔲 Addition            |  |  |
| NAME   | VALIENTE, JULIAN C. |                                       | 1.2 NAM             | ΛE        |            |   |                                   |                         |  |  |
| STREET ADDRESS   |                     |                                       | 1.3 STR             | EET.      | ADDRESS    |   |                                   |                         |  |  |
| CITY-ST-ZIP  | MIAMI FL            |                                       | 1.4 CITY            | Y-ST      | T- ZIP     |   |                                   |                         |  |  |
| TITLE  | STD DELETE          |                                       | 2.1 TITL            | 2.1 TITLE |            |   | ∐ Chang                           | e L. Addition           |  |  |
| NAME   | VALIENTE, JULIAN    |                                       | 2.2 NAME            |           |            |   |                                   |                         |  |  |
| STREET ADDRESS   | 500 SW 39TH COURT   |                                       | 2.3 STREET ADD      |           | ADDRESS    |   | ;                                 |                         |  |  |
| CITY-ST-ZIP  | MIAMI FL            | Decem                                 | 2. 4 CITY-          |           | T-ZIP      | ., ., ., ., ., ., ., ., ., ., ., ., ., .  | Char                              |                         |  |  |
| TITLE  |                     | DELETE                                | 3.1 TITLE           |           |            |   | ∐ Chang                           | e 🗔 Addition            |  |  |
| NAME   |                     |                                       | 3.2 NAN             |           | *DODECC    |   |                                   |                         |  |  |
| STREET ADDRESS   | 1                   |                                       | 3.3 STR<br>3.4. CIT |           | ADDRESS    |   |                                   |                         |  |  |
| CITY - ST - ZIP<br>TITLE   | DELETE 4.1T         |                                       |                     |           | 1-241      |   | Chanc                             | e Addition              |  |  |
| NAME   |                     |                                       | 4. 2 NAI            |           |            |   |                                   |                         |  |  |
| STREET ADDRESS   |                     |                                       |                     |           | ADDRESS    |   |                                   |                         |  |  |
| CITY-ST-ZIP  |                     |                                       | 4.4 CITY            |           |            |   |                                   |                         |  |  |
| TITLE  |                     | DELETE                                | 5.1 TITU            |           |            |   | Chang                             | e Addition              |  |  |
| NAME   |                     |                                       | 5.2 NAN             | Æ         |            |   |                                   |                         |  |  |
| STREET ADDRESS   |                     |                                       | 5.3 STR             | EET /     | ADDRESS    |   |                                   |                         |  |  |
| CITY-ST-ZIP  |                     |                                       | 5.4 CITY            | /- ST     | r-ziP      |   |                                   |                         |  |  |
| TITLE  |                     | DELETE                                | 6.1 TITL            | .E        |            |   | Chang                             | e 🔲 Addition            |  |  |
| NAME   |                     |                                       | 6.2 NAN             | ΛE        | 1          |   |                                   |                         |  |  |
| STREET ADDRESS   |                     |                                       | 6.3 STR             | EET /     | ADDRESS    |   |                                   |                         |  |  |
| CITY-ST-ZIP  |                     |                                       | 6.4 City            | r-st      | r-ZIP      |   |                                   |                         |  |  |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 if changed from an address.

MAROH 24 1996