

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 # H39775 (2)

1. Corporation Name

METRO ROOF TILE, INC.



Principal Place of Business

11501 NW 117TH WAY
MEDLEY FL 33178
US

Mailing Address

11501 NW 117 WAY
MEDLEY FL 33178
US

3. Date Incorporated or Qualified

01/24/1985

3a. Date of Last Report

03/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ARIAS, FERNANDO M.
11350 NW SOUTH RIVER DR.
MEDLEY FL 33178

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 filer's application

(NOTE: Registered Agent signature required when appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

NAME ARIAS, FERNANDO M.
STREET ADDRESS 11350 NW S. RIVER DR.
CITY-ST-ZIP MEDLEY FL

1.1 TITLE ☐ Change ☐ Addition

12 NAME ARIAS, FERNANDO M.
13 STREET ADDRESS 11501 NW 117 WAY
14 CITY-ST-ZIP MEDLEY

TITLE DV ☐ DELETE

NAME ARIAS, FERNANDO M.
STREET ADDRESS 11350 NW S RIVER DRIVE
CITY-ST-ZIP MEDLEY FL

2.1 TITLE ☐ Change ☐ Addition

22 NAME ARIAS, FERNANDO M.
23 STREET ADDRESS 11501 NW 117 WAY
24 CITY-ST-ZIP MEDLEY FL 33178

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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

3/4/96

305-558-6712

Daytime Phone #

CR2E034 (12/95)