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PROFIT CORPORATION ANNUAL REPORT



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

1996

H39775

METRO	MENT # H397 7 D ROOF TILE, INC.	, C.	,	I I ran ia ikan kala kala kala kala kala kala kala k	
Principal Place of	of Business	Mailing Address			
11501 NW 117TH WAY MEDLEY FL 33178 US		11501 NW 117 WA MEDLEY FL 33178 US			
•		00		3. Date Incorporated or Qualifie	• • • • • • • • • • • • • • • • • • • •
2. Principal Piac	re of Business	2a. Mařing Address		01/24/1985 4. FET Number	03/22/1995 Applied For
1	00 01 2031 1033	26		59-2501563	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	CO 75 A 488
2		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	T WOLDO May be
3 Zip	Country	28] Zip		Trust Fund Contribution	Added to Fees
	25	29	Country 30		for intangible tax under si 199.032, resi □ No
·	9. Name and Address of Curre		130	10. Name and Address of New	
			81 Name		
ARIAS, F	ERNANDO M.		82 Street	t Address (P.O. Box Number is Not Accep	table)
	W SOUTH RIVER DR.				
MEDLEY	FL 33178		83		
			84 City		85 Zip Code
11. Pursuant to or registere familiar with	the provisions of Sections 697.050; d agent, or both, in the State of Flor , and accept the obligations of, Sec	2 and 607.1508, Florida Sta ida. Such change was auth Ivon 607.0505, Florida Stati	atutes, the above-named corrized by the corporation's ites.	corporation submits this statement for the s board of directors. I hereby accept the a	purpose of changing its registered office pointment as registered agent. I am
SIGNATURE ,	guatura typid or by the name of equations ago	dantiller appliabe	INCHE Frogentined Agrain signature	required when a ristating.	purpose of changing its registered office pointment as registered agent. I am
tarnilar with SIGNATURE .	i, and accept the obligations of, Sec ignature specific partial name of constitute age. OFFICERS AN	tion 607.0505, Florida Statu	ites. (NOTE Engelmed Ageril synalum 13.	required when a ristating.	purpose of changing its registered offi ppointment as registered agent. I am DATE DEFICERS AND DIRECTORS IN 12
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SIGNATURE:

RE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-558-6712