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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 02, 1999 8:00 am Secretary of State

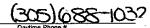
03-02-1999 90185 042 ***150.00

 Corporatio 	MENT # K4013 (n Name . ROOFING, CORP.	5						
Principal Place of Business Mailing Address							1 3 14 0404 1001	
6600 NW 72 AVE. 4240 E. 10 LANE					4			
MIAMI FL 33166 HIALEAH FL 33013					, , , , , , , , , , , , , , , , , , ,			
					DO NOT WRITE IN THIS SP	ACE		1
					3. Date Incorporated or Qualifed 10/20/1988			}
2 Driening II	llose of Business	2a. Mailing Address	,		4. FEI Number	ΙΔnr	olied For	
2. Principal Place of Business		26			65-0126482	 	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			_ 9	8.75 A	-	
22		27			5. Certifcate of Status Desired	Fee Re	quired	
City & State		City & State				\$5.00	•	
Zip	Country	28 Zip	Coun	trv	Trust Fund Contribution	Added to	Fees	ł
24	25		10	.,,	8. This corporation owes the current year Intangi Personal Property Tax.		□No	
	9. Name and Address of Curre		1		10. Name and Address of New Registered Age	nt		
			1	Name	Deduines Throbe & Company			
RODRIGUEZ, MIRIAM M.			1	32 Street Add	Rodriguez, Trueba & Company ress (P.O. Box Number is Not Acceptable)			1
4240 E. 10 LANE				1985	N.W. 88th Court			ļ
HIA	EAH FL 33013			Suite	# 101			
			1	Z/ City		5 Zip C		1
				Mia	1		<u> 172 </u>	
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the oblig	e of Florida. Such change was aut lations of, Section 607.0505, Florid	honzed	by the corporation	poration submits this statement for the purpose of cha on's board of directors. I hereby accept the appointm	ent as reg	pistered	ے
SIGNATURE	CARLOS 11	evera cpa		gent signature require	7/ 20/	99		١.
12.	Signature, typed or printed name of registered ag	ND DIRECTORS	13.	gent signature require	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTO	RŞ IN 12	ç
TITLE	ST	☐ DELETE	1.1 TITL			Change	☐ Addition	3
NAME	RODRIGUEZ, MIRIAM M.	1.2		E			į	2
STREET ADDRESS	ACCOUNT ONLY COTTLE CENTER		1.3 STR	EET ADDRESS				֡֞֞֝֞֜֜֞֜֜֞֜֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֜֜֜֓֓֓֓֡֓֜֝֓֡֓֡֓
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP] [
TITLE		☐ DELETE	2.1 TITLE			Change	☐ Addition	(
NAME			2.2 NAW	E				
STREET ADDRESS			2.3 STR	EET ADDRESS]
CITY-ST-ZIP			2.4 CIT	/-ST-ZIP				-
TITLE		☐ DELETE	3.1 TITL		L	Change	☐ Addition	
NAME			3.2 NAW					
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP		☐ DELETE	3.4. CIT 4.1 TITL	/-ST-ZIP		Change	Addition	{
TITLE		□ nere i e		_		Change		
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STREET ADDRESS						•		
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITL	-ST-ZIP		Change	Addition	1
NAME			5.2 NAM				=======================================	
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP			5.4 CITY	-ST-ZIP				
TITLE		☐ DELETE	6.1 TITL	Ē		Change	Addition]
NAME			6.2 NAW	£				1
STREET ADDRESS			6.3 STR	EETADORESS				-
	I		GACITA	-ST-ZIP				1

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 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, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER & DIRECTOR

2/20/99



CR2E034 (11/98)