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
95 JUL 25 AM 8 09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **M56433** **(9)**

1. Corporation Name
DOLPHIN ROOFING, INC.

Principal Place of Business	Mailing Address
C/O GRIZEL FERRO 7902 NW 67st Miami, Fla 33166	C/O GRIZEL FERRO 7902 NW 67st Miami, Fla 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/30/1987	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0039637	Applied For / Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 7902 N.W. 67 ST	26 9815 S.W. 21 ST.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami, FL.	City & State 28 Miami, FL.
Zip 24 33166 Country 25 DADE	Zip 29 33165 Country 30 DADE

9. Name and Address of Current Registered Agent

FERRO, GRIZEL
1344 N.W. 88 AVE
MIAMI FL

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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: _____ Date: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	☐ Change ☐ Addition
NAME	FERRO, GUIDO P.	12 NAME	
STREET ADDRESS	1344 N.W. 88 AVE	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	GARCIA, ROBERTO	22 NAME	
STREET ADDRESS	2811 S.W. 98 CT.	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	GARCIA, NINFA	32 NAME	
STREET ADDRESS	2811 S.W. 98 CT.	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	OROSA, MANUEL	42 NAME	
STREET ADDRESS	1680 SW 18 ST	43 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(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 added to the report or on an attachment with an address.

SIGNATURE: Guido Ferro 7/1/95 (305) 592-4733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

0188870 CP