## 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

**POCUMENT** # M73488

(2)

DELG BROTHERS ROOFING CORP.

**FILED** Feb 25 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						<del></del>		I BIBH BIBH BIBH	<b>             </b>	H OHON IZOL
% JOSE L. DELGADO 9810 S.W. 16 ST. MIAMI FL 33165	9810 S.W. 16	% JOSE L. DELGADO 9810 S.W. 16 ST. MIAMI FL 33165			DO NOT WRITE IN THIS SPACE					
							3. Date Incorporated or Qualified			
2. Principal Place of Busi	ness	2e. Mailing Ad	Idraec				03/23/1988 4. FEI Number		1 12	
21	1	26						·	oplied For	
Suite, Apt. #, etc		Suite, Apt. #, etc.				65-0041950			ot Applicable Additional	
22	}n '	27				5. Certificate of Status Desired			equired	
City & State		City & State				6. Election Campaign Financing		-	May Be	
23	[28]	28				Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Z(p Country				8. This corporation owes or has paid the current year Intangible			
24	25   29   30   9. Name and Address of Current Registered Agent			<u> </u>	Personal Property Tax due June 30. Yes No					□ No
		rrent Registered Agen	<u>t</u>		T		10. Name and Address of New Re	gistered Ağe	<u>nt</u>	
DELGADO, JO				81	Name					
9810 S.W. 16					Addres	ddress (P.O. Box Number is Not Acceptable)				
MIAMI FL 331		B3				.,				
				63						
				84	City			<b></b> , 0	5 Zip	Code
11. Pursuant to the provis	sions of Sections 607	0502 and 607 1508 Flo	utida Statutoe	the about	namo/		ration submits this statement for the s	FL  °		a sociatored
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, typind or protect name of registered apent and the stapp stable (NOTE: Registered Agent signature required when reinstating)  DATE										
Signature, typnd		AND DIRECTORS	(NOTE: R	ngistored Agr	ant signatur	e required	when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE EDG AND DI	SECTOR	OC 161 40
TITLE PD	Orricins		DELETE	1.1 TITLE		_	ADDITIONS/CHANGES TO OFFIC		Change	Addition
,	OO, JOSE L.			1.2 NAME				JJ	Visitigo	
	W. 16 ST.			1.3 STREET	ADORESS	ł				1
CITY-ST-ZIP MIAMI F		_	_	14 CITY - S		İ				
TITLE VD	-=	×	DELETE	21 TITLE	it-Eit	$\vdash$			Change	Addition
NAME DELGAD	DO, CARLOS M.		١ ١	22 NAME				_	•	
STREET ADDRESS 9810 S.	W. 16 ST.			2.3 STREET	ADDRESS					
CITY-ST-ZIP MIAMI F	ા			2 4 CITY-5						ŀ
TITLE			DELETE	3.1 TITLE					Change	Addition
NAME				3.2 NAME						
STREET ADORESS				3.3 STREET	address					1
CITY-ST-ZIP				3.4 CITY-5	ST-ZIP			·		
TITLE			DELFTE	4.1 TITLE					Change	Addition
NAME				4. 2 NAME						
STREET ADDRESS				4.3 STREET	ADDRESS					
CITY-ST-ZIP			DELETE	4.4 CITY-S	T-ZIP	<b></b>		···		-
TITLE		Ц	DELETE	5.1 TITLE				LJ	Change	Addition
NAME CTOCCT ADDOCCO				5 2 NAME						
STREET ADDRESS				5.3 STREET						
CITY-ST-ZIP TITLE			DELETE	5.4 CITY-S	T - ZIP	-	1 1100		Chacas	Addition
NAME			VLLLIL	6.1 TITLE				L	Change	L.J ADDRION
STREET ADDRESS				6.2 NAME	ADDOFA:					
CITY-ST-ZIP				6.3 STREET						
	e information supplier	d with this filing does no	ot qualify for th	6 4 CITY - ST ne exempl	tion state	L ed in Se	ection 119.07(3)(i), Florida Statutes. I f	urther 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 appears with an address.