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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 01, 1999 8:00am

**Secretary of State** 

02-01-1999 90047 016 \*\*\*158.75

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P92000001183

A-1 DURAN ROOFING & INSULATION SERVICES, INC.

Principal Place of Business Mailing Address						(9)() BESD) ((88) (168)	HELDO HAN COOL
595 W 18 STREET 596 W 18 STREET							
HIALEAH FL 33010 HIALEAH FL 33010							
lus us					DO NOT WRITE IN 1	HIS SPACE	
					3. Date Incorporated or Qualifed 10/27/1992		
2 Principal F	Place of Business	2a, Mailing Address			4. FEI Number	An	plied For
21		26			65-0367597		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$8.75 A	
22 27				5, Certifcate of Status Desired	Fee Re		
City & State City & State					6. Election Campaign Financing	\$5.00	May Da
23 28				Trust Fund Contribution	Added to		
Zip	Country	Zip	Country	,	This corporation owes the current year		
24	25	<b>⊢</b> ' ⊢	30		Personal Property Tax.		□No
24	9. Name and Address of Current	<del></del>	30		10. Name and Address of New Registe		
81 Name					10. Hamballa Hadisəs el Heli Heğiete		
, DUR	RAN, BERNARDO						
595	W 18 STREET	Carlotte Annual Control	82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	LEAH FL 33010		83		THE STATE OF THE S	5 \$1 0 man.   6/2 # 15 5 1	18 78 111 32
/	11112 00010		83				
	•		84	City		85 Zip C	ode
and the state of t						FL   S   Z   P C	
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.							
agent. I a	am familiar with, and accept the obligation	ons of, Section 607.0505, Flori	da Statutes	i.			,
SIGNATURE							
	Signature, typed or printed name of registered agent		•	nt signature requir	ed when reinstating) DATI		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PSTD	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	DURAN, BERNARDO	•	1.2 NAME				
STREET ADDRESS	1		1.3 STREET	TADDRESS			
CITY-ST-ZIP	MIAMI FL 33144		1.4 CITY-S	T-ZIP			
TITLE	DELETE 2		2.1 TITLE			Change	☐ Addition
NAME	2:		2.2 NAME				
STREET ADDRESS	DORESS		2.3 STREET ADDRESS				
CITY-ST-ZIP			2. 4 CITY-S	T-71P			
TITLE			3.1 TITLE			Change	Addition
NAME	- 基 [48] (2012年)		3.2 NAME				
STREET ADDRESS	20日 皇皇 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		3.3 STREET	r ADDDESS		ا معدد دوده	
14.31	그 그의 제한 교육으로 하고 있다.		3.4 CITY-ST-ZIP				
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	91-ZIP		Change	☐ Addition
						7 Onlango .	· [] / Iddition
NAME	tara.		4. 2 NAME				
STREET ADDRESS		<b>.</b>	4.3 STREET ADDRESS				
CITY-ST-ZIP		·	4.4 CITY - ST	T-ZIP .			
Πιε		☐ DELETE	5.1 TITLE	-		☐ Change	☐ Addition
NAME			5.2 NAMÉ		•		
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP	7.55 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		5.4 CITY-ST	T-ZIP			
TITLE	12 CM 1 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -	☐ DELETE	6.1 TITLE			☐ Change	☐ Addition

14. Thereby 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 of 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 chapter 607 in any otto Chapter 607 is an any otto Chapter 607.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP