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Apr 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000084199 (7)

1. Corporation Name

STARLIT ROOFING, INC.

Principal Place of Business

9321 S.W. 104TH AVE.
MIAMI FL 33176

Mailing Address

8306 MILLS DR.
#357
MIAMI FL 33183-4836
US

3. Date Incorporated or Qualified
12/09/1993

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 9321 S.W. 104TH AVE

2a. Mailing Address

26 9321 S.W. 104TH AVE

4. FEI Number
65-0452926

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

23 Miami FLORIDA.

City & State

28 Miami, FLORIDA

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

24 33176

Country

25 U.S.A.

Zip

29 33176

Country

30 U.S.A.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ARRONTE, MIGUEL
9321 S.W. 104TH AVE.
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name JAMES MACHADO
82 Street Address (P.O. Box Number is Not Acceptable)
9321 S.W. 104TH AVENUE.
83
84 City Miami FL 85 Zip Code 33176

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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]*

JAMES MACHADO (President) 3/27/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PSTD	ARRONTE, MIGUEL	10780 SW 42ND ST	MIAMI FL	<input checked="" type="checkbox"/>
SD	HERNANDEZ, MARGARITA	9321 S.W. 104TH AVE.	MIAMI FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
PSTD	JAMES MACHADO	9321 S.W. 104TH AVENUE.	MIAMI, FLORIDA. 33176-2659	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/97

Daytime Phone #

0247992

CR2E034 (9/96)