

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000088455 (9)

1. Corporation Name

ARMANDO ROOFING CORPORATION



Principal Place of Business

11453 SW 29 ST
MIAMI FL 33165

Mailing Address

11453 SW 29 ST
MIAMI FL 33165

2. Principal Place of Business

2a. Mailing Address

21	Sube, Apt. #, etc.	26	Sube, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent

PEREZ, ARMANDO
11453 SW 29 ST
MIAMI FL 33165

3. Date Incorporated or Qualified

12/29/1993

3a. Date of Last Report

03/31/1995

4. FEI Number

65-0459520

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 607.0605, Florida Statutes.

SIGNATURE

Signature of person making this filing, as required by Section 607.1508, Florida Statutes.

Signature of Registered Agent, as required by Section 607.1508, Florida Statutes.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
☐ DELETE 1. TITLE NAME: PEREZ, ARMANDO R STREET ADDRESS: 6750 NW 186 ST APT 207 CITY-ST-ZIP: MIAMI FL	☐ Change ☐ Addition 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
☐ DELETE 2. TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
☐ DELETE 3. TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
☐ DELETE 4. TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
☐ DELETE 5. TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
☐ DELETE 6. TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 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)(k), 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:

Armando R. Perez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96

305 (5534258)

DATE OF FILING

CR2E034 (12/95)