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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P9400019512 (0) W.D. TILE & ROOFING SERVICE, INC.					II ((8:1 1818) 8((8) 2:818 (18: 18:
Principal Place of Business Mailing Address					
10001 W. FLAGLER STREET LOT H-809 MIAMI FL 33174		10001 W. FLAGLER STREET LOT H-809 MIAMI FL 33174		Date Incorporated or Qualified	
				03/14/1994	09/22/1995
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Suite Act to also		26		65:0475045	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible	tax under s. 199 032,
24	25 9. Name and Address of Ci	29	30	Florida Statutes Yes No	
	9. Name and Address of Ci	urrent negistered Agent	81 Name	10. Name and Address of New Registere	a Agent
DOCUA	MAN LIANA PO		<u> </u>		
ROCHA, WILLIAM D 10001 W. FLAGLER ST.			82 Street Add	lress (P.O. Box Number is Not Acceptable)	
LOT-4-809			83		
MIAMI F			84 City		■ 85 Zip Code
			- '	F	L ' '
or registere familiar with	od agent, or both, in the State of n, and accept the obligations of,	Florida Such change was auth Section 607,0505, Florida Stati	iorized by the corporation's boa utes	ration submits this statement for the purpose of a ard of directors. Thereby accept the appointment	changing its registered office as registered agent. I am
12,		S AND DIRECTORS	(\$4.21) Registered Agent signature resume 13.	LIATE ADDITIONS/CHANGES TO OFFICERS A	ND DIBECTORS IN 12
TITLE	P	☐ DELETE	1. 1 HILE		Change Addition
NAME	ROCHA, WILLIAM D		1.2 NAME		
STREET ADDRESS	10001 W. FLAGLER STR	EET, LOT H-809	1.3 STHEET ADDRESS		
CITY-ST-ZiP	MIAMI FL 33174	□ DELETE	1.4 C(TY - ST - Z)P		
TITLE NAME			2 1 TITLE 22 NAME		Change Addition
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY - ST - ZIP		
TOLE		DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			33 STHEET ADDRESS		
CITY-ST-ZIP		C3 DELETE	3 4 CITY - ST - ZIP		
TITLE NAME		DELETY	4 1 11/16		Change Addition
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-7/P			4.4 CITY - ST - 7IP		
TITLE		DELETE	5 1 TULE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		FIRE	5 4 CITY - ST - ZIP		
TITLE		☐ DELETE	6 1 TIFLE		Change Addition
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CHY ST ZIP		
14. I do hereby certify that oath, that I	the information indicated on this	annual report or supplemental corporation or the	furnished and does not qualify if annual report is true and accura- ustee empowered to execute the	for the exemption stated in Section 119.07(3)(k), t ato and that my signature shall have the same log is report as required by Chapter 607, Florida Stat	ral effect as if made under

SIGNATURE:

RPHIN TED NAME OF SIGNING OFFICER OR DIRECTOR

225-9436