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AND
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95 MAY - 1 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000020687 (7)

1. Corporation Name

**AMERICAN CONTRACTORS AND ROOFING ENTERPRISES, CO
RP.**

Principal Place of Business

309 SW 3RD ST
FLORIDA CITY FL 33034-4807

Mailing Address

309 SW 3RD ST
FLORIDA CITY FL 33034-4807

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/14/1994** 3a. Date of Last Report **1/10**

4. FEI Number **65-0478923** 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**FERNANDEZ, CHRISTINA P
2311 SW 89TH CT
MIAMI FL 33165**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPS**
NAME **PEREZ, JUAN A**
STREET ADDRESS **309 SW 3RD ST**
CITY - ST - ZIP **FLORIDA CITY FL 33034-4807**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

14 TITLE
15 NAME
16 STREET ADDRESS
17 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

SIGNATURE:

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

4/26/95 (325) 245-0140
DATE DAY/MONTH/YEAR