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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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DOC	JMENT	#

P94000020687 (7)

AMERICAN CONTRACTORS AND ROOFING ENTERPRISES, CO



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rincipal Place o	f Business	Maili	ng Address			1 188114881 419 19114 41911 4011			
309 SW 3RD) \$T		309 SW 3RD ST						
FLORIDA CIT	TY FL 33034-4807		FLORIDA CITY FL 330	034-4807			T = = - :		
						 Date Incorporated or Qualified 03/14/1994 	3a. Date of 05	/01/19	
Principal Plac	e of Business	2a. I	Vailing Address			4. FEI Number	,	<u> </u>	oplied For
		26				65-0478923			ot Applicable
Suite, Apt. #,	etc.	├ ┐	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ ,		Additional equired
		27	City & State			6. Election Campaign Financing		\$5.00	May Be
City & State		28	Dity & State			Trust Fund Contribution		Added	to Fees
Ζıp	Country		Zip	Cour	ntry	8. This corporation has liability for i	ntangible tax u	inder s	199.032,
	25	29		30		Florida Statutes		001	
	9. Name and Address	of Current Registe	ered Agent		94 Nomes	10. Name and Address of New R	egistered Ag	OIII.	
				1	81 Name				
	ndez, Christina P			Ī	82 Street Add	lress (P.O. Box Number is Not Acceptab	l o)		
	W 89TH CT			ŀ	83				
MIAMI	FL 33165			Į				es Zin	Code
					84 City		FL	85 Zip	Code
IGNATURE 5	Signature, typed or printed name of r OFF	registered agent and title if ap FICERS AND DIREC	·	13.	Agent signaturo reciuir	ADDITIONS/CHANGES TO OFF	ICERS AND D	IRECTO	RS IN 12
2.	Ori	FICENS AND DINEO	10113						
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	dps Perez, Juan A		☐ DELETE	1. 1 TI 1.2 N/				Change	☐ Addition
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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 it made under cath; 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 TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR