

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000007788 (9)

1. Corporation Name

WATERPROOFING SYSTEMS & ROOFING CORP.



Principal Place of Business

Mailing Address

5200 SW 8 ST  
SUITE 108  
MIAMI FL 33134

5200 SW 8 ST  
SUITE 108  
MIAMI FL 33134

3. Date Incorporated or Qualified  
01/30/1995

3a. Date of Last Report  
FIRST YEAR

2. Principal Place of Business

2a. Mailing Address

21 8550 W. FLAGLER ST

26 SAME

4. FEI Number

65-0595981

Applied For

Not Applicable

22 Suite, Apt. #, etc.  
# 104

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 City & State  
MIAMI FL

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24 Zip  
33144

25 Country

29 Zip

30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JUNCOSA, LILIANA  
5200 SW 8 ST  
SUITE 108  
MIAMI FL 33134

81 Name  
BERNABE PENA

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

8550 W. FLAGLER ST. # 104

83

84 City  
MIAMI

FL

85 Zip Code  
33144

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

BERNABE E. PENA - PRESIDENT

2/28/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE  
D  
1.2 NAME  
JUNCOSA, LILIANA  
1.3 STREET ADDRESS  
5200 SW 8 ST SUITE 108  
1.4 CITY - ST - ZIP  
MIAMI FL 33134

☐ DELETE

2.1 TITLE  
PENA, BERNABE  
2.2 NAME  
PENA, BERNABE  
2.3 STREET ADDRESS  
8550 W. FLAGLER ST # 104  
2.4 CITY - ST - ZIP  
MIAMI FL 33144

☐ DELETE

3.1 TITLE  
  
3.2 NAME  
  
3.3 STREET ADDRESS  
  
3.4 CITY - ST - ZIP  
  
3.5 CITY - ST - ZIP

☐ DELETE

4.1 TITLE  
  
4.2 NAME  
  
4.3 STREET ADDRESS  
  
4.4 CITY - ST - ZIP  
  
4.5 CITY - ST - ZIP

☐ DELETE

5.1 TITLE  
  
5.2 NAME  
  
5.3 STREET ADDRESS  
  
5.4 CITY - ST - ZIP  
  
5.5 CITY - ST - ZIP

☐ DELETE

6.1 TITLE  
  
6.2 NAME  
  
6.3 STREET ADDRESS  
  
6.4 CITY - ST - ZIP  
  
6.5 CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
D/S ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE  
P/D ☐ Change ☒ Addition

2.2 NAME  
PENA, BERNABE E.

2.3 STREET ADDRESS  
8550 W. FLAGLER ST # 104

2.4 CITY - ST - ZIP  
MIAMI FL 33144

2.5 CITY - ST - ZIP

3.1 TITLE  
VP/D ☐ Change ☒ Addition

3.2 NAME  
PENA, BERNABE I.

3.3 STREET ADDRESS  
8550 W. FLAGLER ST # 104

3.4 CITY - ST - ZIP  
MIAMI, FL 33144

3.5 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

4.5 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

5.5 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

6.5 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-96

Date

305-223-2227

Daytime Phone

CR2E034 (12/95)