

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
 CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # P95000010800 (7)

1. Corporation Name

NAMIN ROOFING CO., INC.



Principal Place of Business

Mailing Address

**3600 SOUTH STATE ROAD 7
 SUITE 257
 MIRAMAR F: 33023**

**3600 SOUTH STATE ROAD 7
 SUITE 257
 MIRAMAR F: 33023**

3. Date Incorporated or Qualified
02/08/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **1421 N. Palm Avenue**

26 **1421 N. Palm Avenue**

4. FEI Number
65-0553903

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

City & State **33026**

City & State **Pembroke Pines, Fl. 33026**

6. Election Campaign Financing
 Trust Fund Contribution ☐

**\$5.00 May Be
 Added to Fees**

Zip **33026** Country

Zip **33026** 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

**NAMIN, BEHZAD M
 3600 SOUTH STATE ROAD &
 SUITE 257
 MIRAMAR, FL. 33023**

81 Name

NAMIN BEHZAD M.

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

1421 N. Palm Avenue

83

84 City

Pembroke Pines, Fl. 33026 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 the appointee (more than one registered agent signature required when necessary)

DATE

6/24/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
 NAME **D**
NAMIN, MASOMEH K
 STREET ADDRESS **1421 N. Palm Avenue**
 CITY-ST-ZIP **Pembroke Pines, Fl. 33026**

11 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
 NAME **D**
NAMIN, BEHZAD M
 STREET ADDRESS **1421 N. Palm Avenue**
 CITY-ST-ZIP **Pembroke Pines, Fl. 33026**

12 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

14 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

22 NAME ☐ Change ☐ Addition

23 STREET ADDRESS ☐ Change ☐ Addition

24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition

32 NAME ☐ Change ☐ Addition

33 STREET ADDRESS ☐ Change ☐ Addition

34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition

42 NAME ☐ Change ☐ Addition

43 STREET ADDRESS ☐ Change ☐ Addition

44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition

52 NAME ☐ Change ☐ Addition

53 STREET ADDRESS ☐ Change ☐ Addition

54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition

62 NAME ☐ Change ☐ Addition

63 STREET ADDRESS ☐ Change ☐ Addition

64 CITY-ST-ZIP ☐ Change ☐ Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Printed Name

6/24/96

CR2E034 (3/96)