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

P95000039595 (0) **DOCUMENT #**

J.Z. ROOFING CONTRACTORS CORP.

Principal Place of Business

Mailing Address



860 N.E. 121 KEY BISCAYN		860 N.E. 121 STREET KEY BISCAYNE FL 33161	860 N.E. 121 STREET KEY BISCAYNE FL 33161					
					3. Date Incorporated or Qualified 05/18/1995	3a. Date o	f Last Re	eport
2. Principal Plac	NE 21 STAL	26. Mailing Address NE	101	STREET	4. FEI Number	796	—	Applied For
	NE JEI SIKE	Suite, Apt. #, etc.	141	Silver	000122			Not Applicable
22 BISCO	ague Park Fl	27 Suite, Apt. #, etc.	·		5. Certificate of Status Desired		Fee F	Additional Required
23 State	Disch	28 COYL		ax Fl	Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
24 331k	O Country SA	29 33161	Country 30	D USA Florida Statutes Yes X No				
	9. Name and Address of Curr	ent Registered Agent		r 	10. Name and Address of New R	egistered A	gent	
			81	Name				
	I FIRM OF LAWRENCE J SPI	ss (P.O. Box Number is Not Acceptable)						
343 ALMERIA AVENUE								
CURAL G	SABLES FL 33134		00					
			84	City		FL	85 Zip	o Code
or registere	o the provisions of Sections 607.05 id agent, or both, in the State of Flo i, and accept the obligations of, Sc	orida. Such change was authorized	, the above-r by the corp	named corpora oration's board	ation submits this statement for the pur d of directors. I hereby accept the app	pose of chan- pintment as re	ging its registered	egistered office agent. I am
SIGNATURE .								
§	Signative Systed or printed harne of registered ag	rm and tree-tapplicable (NOTE NND DIRECTORS	Registered Ager	nt signature required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND D	IRECTO	RS IN 12
TI'LE	PSTD	DELETE	1 1 THTLE		V D		Change	Addition
NAME	GUERRA, AMAURYS	<u> </u>	1.2 NAME		IANUEL FABELO	_	•-	J.
STREET ADDRESS	860 N.E. 121 STREET		13 STREET	ANDRESS	SLAN SW SS LAN	Ę		
CITY-ST ZIP	KEY BISCAYNE FL 33161		14 CHTY - S	1 1	4)AHI FI 331			
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THT: F		☐ DELETE	3 1 TITLE				Change	Addition
NAME			3.2 NAME					
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DILF	. ——	☐ DEFELE	4 1 THE				Change	☐ Addition
NAMI			4.2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
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NAME			5 2 NAME					
STREET ADDRESS			5.3 STREET					
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Till: F		DELETE	6. 1 TITLE			Ш	onange	ויטווטטא בן
NAMF			6 2 NAME	LADODECC				
STREET ADDRESS			63STREET					
C-1Y-S1-7-P 14. Ldo hereby	/ certify that the information supplie	d with this filing is voluntarily furnish	64 CITY-S		or the exemption stated in Section 119	07(3)(k). Florid	da Statut	es I further
certify that oath; that I	the information indicated on this ar	nnual report or supplemental annual poration or the eceiver or trustee	al report is tru empowered	ue and accurat	te and that my signature shall have the preport as required by Chapter 607, Fi	same legal et	fect as if	made under

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DI

Feb 20,96 (305)893-4463