

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 # **P95000061061 (4)**

1. Corporation Name

ROOF TILE SYSTEMS INC.



Principal Place of Business

**7962 SW 186 ST
MIAMI FL 33157**

Mailing Address

**7962 SW 186 ST
MIAMI FL 33157**

2. Principal Place of Business

2a. Mailing Address

21 **9550 N.W. 12th ST.**

26 **9550 N.W. 12th ST.**

Suite, Apt. #, etc.

22 **Bay 11-A**

City & State

23 **Miami FL.**

Zip

24 **33172**

Country

25 **DADE**

City & State

28 **Miami FL.**

Zip

29 **33172**

Country

30 **DADE**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/08/1995

3a. Date of Last Report

4. ~~Number~~

65-0601342

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

10. Name and Address of New Registered Agent

**CASTELLANOS, TOM
7962 SW 186 ST
MIAMI FL 33157**

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 each listed agent and title, if applicable.

(NOTE: Registered Agent signature required when reappointing.)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **President**
STREET ADDRESS **Tom F. Castellanos**
CITY - ST - ZIP **7962 S.W. 186th ST.
Miami, FL. 33157**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
NAME **President**
1.2 NAME **Tom F. Castellanos**
1.3 STREET ADDRESS **7962 S.W. 186th ST.**
1.4 CITY - ST - ZIP **Miami, FL. 33157**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

TOM F. CASTELLANOS 4/30/96

(305) 599-1424

SIGNATURE AND TYPED OR PRINTED NAME OF SHARED OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)