

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000089800 (3)

1. Corporation Name
HOT ROOFING SUPPLIES CORPORATION



Principal Place of Business

10250 NW 89TH AVE
BAY #6
MEDLEY FL 33178
US

Mailing Address

10250 NW 89 AVENUE
BAY #6
MEDLEY FL 33178-1480
US

3. Date Incorporated or Qualified 11/21/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0625777	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip Country

10. Name and Address of New Registered Agent

81 Name	JAIME DE LA PENA
82 Street Address (P.O. Box Number is Not Acceptable)	311 PONCE DE LEON BLVD.
83	
84 City	CORAL GABLES
85 Zip Code	FL 33134

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLESTEROS, JOSE R	1.2 NAME	BALLESTEROS, JOSE R
STREET ADDRESS	8912 SW 142 AVE. APT. 424	1.3 STREET ADDRESS	11158 S.W. 154 PL.
CITY - ST - ZIP	MIAMI FL 33188	1.4 CITY - ST - ZIP	MIAMI FL. 33196
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	T / D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLESTEROS, HENRY L	2.2 NAME	BALLESTEROS, HENRY
STREET ADDRESS	8912 SW 142 AVE. APT. 424	2.3 STREET ADDRESS	11158 S.W. 154 PL.
CITY - ST - ZIP	MIAMI FL 33188	2.4 CITY - ST - ZIP	MIAMI FL. 33196
TITLE	S / D <input type="checkbox"/> DELETE	3.1 TITLE	S / D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	JAIME DE LA PENA
STREET ADDRESS		3.3 STREET ADDRESS	311 PONCE DE LEON BLVD.
CITY - ST - ZIP		3.4 CITY - ST - ZIP	CORAL GABLES, FL. 33134
TITLE	P / D <input type="checkbox"/> DELETE	4.1 TITLE	P / D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	ALVARO G. CAMPINS
STREET ADDRESS		4.3 STREET ADDRESS	200 W.McYNTIRE
CITY - ST - ZIP		4.4 CITY - ST - ZIP	KEY BISCAYNE, FL. 33149
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ DATE: _____ DAYTIME PHONE: _____

CR2E034 (9/96)