05-04-1999 90065 020 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # Pasanagana

1. Corporation Name						
HOT ROOFING SUPPLIES CORPORATION						
.,						
Principal Place of Business Mailing Address					,	
7320 NW 43 ST						
MIAMI FL 33166 - MIAMI FL 33168 - US - U				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed		
				11/21/1995		
2. Principal Pla	ace of Business	2a. Mailing Address 26 P.O. Box 14	1-2976	4. FEI Number		lied For
21	W ata	26 P.O. BOX 1	3110	65-0625777	\$8.75 A	Applicable
Suite, Apt. #	F, etc.	27		5. Certifcate of Status Desired	Fee Rec	
City & State	_ 	City & State	·- <u>·</u>	6. Election Campaign Financing	\$5.00	May Be
23		28 miami	- FL,	Trust Fund Contribution	Added to	· .
Zip	Country	Zip	Country	8. This corporation owes the current year		
24	25	29 33114 3	0	Personal Property Tax.		□No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name						
REDI	RIZBEITIA, FRANK		of Name			
7320 NW 43 ST		82 Street Addr	ess (P.O. Box Number is Not Acceptable)			
MIAMI FL 33166			83			
					10-1 7:- 6	
			84 City	i	EL 85 Zip C	ode
11. Pursuant t	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	, the above-named corp	oration submits this statement for the purpose	of changing its	registered
office or re	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was auth tions of, Section 607.0505, Florid	norized by the corporation la Statutes.	oration submits this statement for the purposion's board of directors. I hereby accept the ap	pointment as reg	JISTEFEG
SIGNATURE						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent			egistered Agent signature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		DC IN 12
12.	OFFICERS AN	D DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	D Ballesteros, Jose R		1.2 NAME			
NAME STREET ADDRESS	7320 NW 43 ST		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33166		1.4 CITY+ST-ZIP			
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change	Addition
NAME	BALLESTEROS, HENRY L		2.2 NAME			
STREET ADDRESS	7320 NW 43 ST		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33166		2. 4 CITY-ST-ZIP			
TITLE	SD	☐ DELETE	3.1 TITLE		Change	☐ Addition
NAME	BERRIZBEITIA, FRANK		3.2 NAME			1
STREET ADDRESS	7320 NW 43 ST		3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33166 PD	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change	Addition
TITLE	CAMPINS, ALVARO G		4.2 NAME			
NAME STREET ADDRESS	7320 NW 43 ST		4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33166		4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME	•		
STREET ADDRESS			6.3 STREET ADDRESS			

CITY-ST-ZIP 14. 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: