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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90192 035 ***150.00



F & R ROOF TILE AND BUILDING SUPPLY INC.

Principal Place	e of Business	Mailing Address					
112 S.W. 10TH AVENUE #1 MIAMI FL 33130		112 S.W. 10TH AVENUE # MIAMI FL 33130	1				
		MIAMI FE 33130			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		Pickers American
			_		12/13/1995		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0628495		Not Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	•	5 Additional
22		27					Required
City & State	e	City & State			6. Election Campaign Financing	•	00 May Be
23		28			Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Cour	ıtry	8. This corporation owes the current year	Intangible Yes	□No
24	[25]	29	30		Personal Property Tax. 10. Name and Address of New Register		
	9. Name and Address of Cu	urrent Registered Agent		81 Name	10. Name and Address of New Register	ed Agent	
DIVE	RA, JUAN M			o I Italiie			
	na, juan m S.W. 10TH AVENUE #1			82 Street Add	Street Address (P.O. Box Number is Not Acceptable)		
				92			
MIAIN	MI FL 33130			83			
			ľ	84 City		85 2	Zip Code
					poration submits this statement for the purpose		
Office of re	egistered agent, or both, iti tile s	Male of Florida. Such change was	2011/01/200	Dy the corporat	ion's board of directors. I hereby accept the ap		- · · · 3 · · · · ·
agent. I ar	m familiar with, and accept the o	obligations of, Section 607.0505, Flo	maa Statu	ites.	•		
SIGNATURE	•			ites.	red when reinstating) DATE		
SIGNATURE	Signature, typed or printed name of registere	ed agent and title if applicable. (NOT		ites. Agent signature requir			CTORS IN 12
SIGNATURE	Signature, typed or printed name of registere		E: Registered	ites. Agent signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		
SIGNATURE 12. TITLE	Signature, typed or printed name of registers OFFICER	ed agent and title if applicable. (NOT S AND DIRECTORS	E: Registered	Agent signature requir		AND DIREC	
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registers OFFICER P RIVERA, JUAN	ed agent and title if applicable. (NOT S AND DIRECTORS	13. 1.1 TIT 1.2 NA	Agent signature requir		AND DIREC	
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4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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 adachment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

JUAN RIVERA

2/23/99

305-443-8500