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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000027224 (0)**

1. Corporate Name
ADVANCED ROOFING SYSTEMS, INC.

Principal Place of Business
311 WEST 40TH PLACE
HIALEAH FL 33012

Mailing Address
311 WEST 40TH PLACE
HIALEAH FL 33012-4343

3. Date Incorporated or Qualified: **03/27/1996**
3a. Date of Last Report:

2. Principal Place of Business
21 Suite, Apt. #, etc.: **Advanced Roofing Systems, Inc.**
22 City & State: **9805 NW 79th Ave - Bay 34**
23 Zip: **Hialeah Gardens, FL 33016**
24 Country: 25 USA

2a. Mailing Address
26 Suite, Apt. #, etc.: SAME
28 City & State:
29 Zip:
30 Country: DADE

4. FEI Number: 65-0653041 ☐ 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

9. Name and Address of Current Registered Agent
LETZELTER, OTTO J
311 WEST 40TH PLACE
HIALEAH FL 33012

10. Name and Address of New Registered Agent
81 Name: Otto J Letzelter
82 Street Address (P.O. Box Number is Not Acceptable): 7355 West 4TH AVE #415
83 HIALEAH
84 City: FL 85 Zip Code: 33014

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: Otto J Letzelter (NOTE: Registered Agent signature required when reinstating) DATE: 3-17-97

12. OFFICER/DIRECTOR		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☒ Addition: Otto J Letzelter, PRESIDENT, 7355 WEST 4TH AVE #415, HIALEAH FLA 33014
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☒ Addition: ELIO GONZALEZ, 311 WEST 40TH PLACE, VICE PRESIDENT, HIALEAH FL 33012
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☒ Addition: YUMET P LETZELTER, SECRETARY, 7355 WEST 4TH AVE #415 HIALEAH FL 33014
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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: Otto J Letzelter (REQUIRED)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #