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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000048195 (7)

FILED Feb 06 1998 8:00am Secretary of State

ROOF TILE INSTALLATION, INC.				i	
				E PAREIRANI RID IRIPA MIRIN MRIIN MAIN ARNIN ARNIN ARNIN	81881 18151 HANG 18161 BUT 1881
Principal Place of Business Mailing Address					01001101014101010101010101111100(
420 TAMIAMI	CANAL ROAD	420 TAMIAMI CANAL RI	OAD		
MIAMI FL 33144 MIAMI FL 33144				DO NOT WRITE WATER	10.004.00
				DO NOT WRITE IN TH 3. Date Incorporated or Qualified	IS SPACE
				06/03/1996	
9 Principal P	lace of Business	2a. Mailing Address		4. FEt Number	Applied For
21	inde of Casinosa	26		65-0685996	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	B. This corporation owes or has paid the	current year Intangible
24	25]	29	30	Personal Property Tax due June 30.	Yes No
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent TICCADENIO MADIA 81 Name					
TISCARENO, MARIA			or manie		
420 TAMIAMI CANAL ROAD MIAMI FL 33144			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
MI	AMI FL 33144		83		
			84 City	F	85 Zip Code
11, Pursuant	to the provisions of Sections 607.050	2 and 607 1508, Florida Statu	ites, the above-named corp	oration submits this statement for the purpose	of changing its registered
office or r	egistered agent, or both, in the State	of Florida, Such change was ations of Section 607,0505. E	authorized by the corporati	ion's board of directors. I hereby accept the a	ppointment as registered
	m letting sin, and accept the obligi	anona or, beatter bor 10000, 1	ionda bialatos.		
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NO	TE Registered Agent signature require		
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	P TIOCADUO ASADIA	☐ DELET é	1.1 TITLE		☐ Change ☐ Addition
NAME	TISCARNO, MARIA 420 TAMIAMI CANAL ROAD		1.2 NAME		
STREET ADORESS	MIAMI FL	•	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MINNI FL	DELETE	1.4 CITY - ST - ZIP 2.1 TiTLE		Change Addition
NAME	JOYA, MANUEL		2.2 NAME		La bridings La rudinon
STREET ADDRESS	420 TAMIAMI CANAL ROAD		2.3 STREET ADDRESS		•
CITY-ST-ZIP	MIAMI FL 33144		2. 4 CITY-SI-ZIP		
TITLE	1710 1111 1 2 2 2 1 7 1	DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME	*		4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY - ST - ZIP		/
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME	/ <i>W</i>	1 9//.
STREET ADDRESS			5 3 STREET ADDRESS	74)	
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DFLETE	6.1 TITLE		Change Addition
NAME			6.2 NAME	6000024235	666
STREET ADDRESS			6.3 STREET ADDRESS	6000024235 -02/06/3801052	012
CITY-SY-ZIP		ith this filing does not qualify t	6.4 CITY - ST - ZIP	<u>***150-00</u>	

Indicated on this annual report or supplied with this ning does not quality for the exemption stated in Section 1.19.07(3)(), Florida Statutes. Turriner certify that find information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal 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.