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PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000068836 (1)

PRESTIGE ROOFING SERVICES, INC.

FILED Apr 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 4355 SW 75 AVE. 4355 SW 75 AVE. MIAMI FL 33155 MIAMI FL 33155 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/14/1996 2. Principal Place of Business 2a. Mailing Address 26 8213 NW 66 Street Applied For 8213 NW 66 Street 21 65-0693272 Not Applicable Suite, Apt. #, etc Suite, Apl. #, etc \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be Florida MIQMI. Added to Fees Miami Trust Fund Contribution 23 28 8. This corporation owes or has paid the current year Intangible Yes □ No 24 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent **B1** Name AMAYA, SANDRA P 7699 SW 153 CT. #206 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33193** 83 84 City Zip Code 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 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change Addition TITLE NAME amaya, sandra p 1.2 NAME 7699 SW 153 CT. #206 STREET ADDRESS 1.3 STREET ADDRESS MIAM! FL 33193 CITY-ST-2IP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE VTD NAME AMAYA, LUIS F 2.2 NAME STREET ADDRESS 7699 SW 153 CT. #206 x 2.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33193 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE Addition 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADORESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

14. I 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 charged, or the an attachment with an address.

SIGNATURE: