SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT#

P97000001298 (3)

JSM ROOFING CORP

FILED Jul 28 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address | | | | | BEIT OSTIO BÄIDT IIDID IIDIO IOTES (611 190) |
|---|--|--|------------------------------|---|--|
| 275 HARBOR D | | 169 HARSON DRIVE | | | |
| KEY BISCAYNE | FL 33149 | KEY BISCAYNE FL 33149 US | | DO NOT WRITE IN THIS SPACE | |
| | | 00 | | 3. Date Incorporated or Qualified | |
| | | | | 12/31/1996 | |
| 2. Principal P | lace of Business | 2a, Mailing Address | 10 | 4. FEI Number | Applied For |
| 21 215 Han 301 DRIVE 26 26 7 | | | 701 NVIVE | 65-0716214 | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| 27 | | | | | Fee Required |
| 23 "Key"BISCA YNG FIF 3314928 "KEY"BI | | | unto FILL | 6. Election Campaign Financing | \$5.00 May Be |
| Zip . | Country | 28 (64) | Country - A | Trust Fund Contribution 8. This corporation owes or has paid | Added to Fees |
| 24 | 25 00 75 17 | 29 33149 30 | 1 115H | Personal Property Tax due June 3 | |
| | 9. Name and Address of Current | officer of the second of the s | 1 V 3 4 | 10. Name and Address of New Reg | |
| SUAREZ-MUNIAS, JORGE | | | 81 Name | | |
| 275 HARBOR DR | | | 82 Street Addre | ess (P.O. Box Number is Not Acceptable |) |
| KEY | BISCAYNE FL 33149 | | 83 | | , |
| | | | | | |
| | | | 84 City | | FL 85 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 Signature, typed or printed name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstating) DATE | | | | | |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICE | |
| TITLE | P | DELETE | 1.1 TITLE | | Change Addition |
| NAME | SUAREZ-MURIAS, JORGE | L. | 12 NAME | | |
| STREET ADDRESS | 169 HARBOR DRIVE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | KEY BISCAYNE FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | | []] DELETE | 2.1 TITLE | | Change Addition |
| NAME | | | 2 2 NAME | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | · · · · · · · · · · · · · · · · · · · | 2 4 CITY-ST-ZIP | | |
| TITLE | | [] DELETE | 31 TITLE | | Change Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | - | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | | [] nc. 51/ | 3.4 CITY-ST-ZIP 4.1 TITLE | | |
| NAME | | L_] DECETE | 4.2 NAME | | Change Addition |
| 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 | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 6.1 TITLE | anny gent bank hank hank hank hank han | Change Addition |
| NAME | | | 6.2 NAME | 3 000026 0 - 07 /29/98010 | 113 C3 KV V |
| STREET ADDRESS | | \ | 6.3 STREET ADDRESS | ***150.00 | 11.70 |
| CITY-ST-ZIP | <u></u> | لويسو المراجبين | 6.4 CHT + ST-ZIP | | 1 |
| 14.1 hereby ce | ertify tha t the information supplied hith th | his ming does not qualify for the r | exemption stated in secti | ion 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 this receiver of trustee empdwered 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.

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7-15-98 Pg 2 FIA Dept state Coporations This is to let your Know that I never recieved your 1st Notice Could Be we have Changed addresses From 169 HANBOR DINOE 10 275 HANBON DNUE Joge Suarez

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