

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 01 1998 8:00am
Secretary of State

DOCUMENT # P97000044799 (9)
Corporation Name
BAY ROOF, INC.



Principal Place of Business
1320 N.W. 118 STREET
SUITE B
MIAMI FL 33167

Mailing Address
1320 N.W. 118 STREET
SUITE B
MIAMI FL 33167

DO NOT WRITE IN THIS SPACE

Date Incorporated or Qualified

05/20/1997

FBI Number

65-0754786

Applied For

Not Applicable

Certificate of Status Desired



\$8.75 Additional
Fee Required

Election Campaign Financing



\$5.00 May Be
Added to Fees

This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

21 Principal Place of Business
SAME AS ABOVE

26 Mailing Address
SAME AS ABOVE

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

FRANCIS, WALTER
1320 N.W. 118 STREET
SUITE B
MIAMI FL 33167

Name and Address of New Registered Agent

81 Name

N/A

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	EUGENE PUFFER	
STREET ADDRESS		1.3 STREET ADDRESS	6413 MALLARDS LN	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Accord Creek FL 33073	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	ANDREW ESPINOZA	
STREET ADDRESS		2.3 STREET ADDRESS	6590 VICTORIA LN # 100	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Naples FL 34109	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	WALTER FRANCIS	
STREET ADDRESS		3.3 STREET ADDRESS	1320 NW 118 ST	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI, FL 33167	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 changed, or on an attachment with an address.

CR2E034 (10/97)