

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # S75719

(2)

95 JAN 13 AM 10:08

1. Corporation Name

MARLIN ROOFING SYSTEMS, INC.

Principal Place of Business

**7330 N.W. 8TH STREET
MIAMI FL 33126**

Mailing Address

**7330 N.W. 8TH STREET
MIAMI FL 33126**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/26/1991

3a. Date of Last Report

10/07/1994

4. FEI Number

65-0279292

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. 190.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

N/A

2a. Mailing Address

N/A

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

N/A

City & State

N/A

Zip

N/A

Country

N/A

Zip

N/A

Country

N/A

9. Name and Address of Current Registered Agent

**MEDINA, LUIS ROBERTO
3510 S.W. 136 COURT
MIAMI FL 33175**

10. Name and Address of New Registered Agent

81 Name

ANA B MEDINA

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

3510 SW 136 COURT

83

84 City

Miami

FL

85 Zip Code

33175

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]

ANA B MEDINA

Luis R Medina

1/6/95

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

MEDINA, ANA B.

STREET ADDRESS

3092 S.W. 12TH STREET

CITY, ST, ZIP

MIAMI FL

TITLE

P

NAME

MEDINA, LUIS ROBERTO

STREET ADDRESS

3092 SW 12 ST

CITY, ST, ZIP

MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

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CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

SIGNATURE:

ANA B MEDINA
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR

Luis R Medina

1/6/95

(305) 264-0771

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.032(1)(b), 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 907, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.