

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Mar 25 1996 8:00 am  
Secretary of State

DOCUMENT # **S75719 (2)**  
1. Corporation Name  
**MARLIN ROOFING SYSTEMS, INC.**



Principal Place of Business Mailing Address  
**7330 N.W. 8TH STREET MIAMI FL 33126** **7330 N.W. 8TH STREET MIAMI FL 33126**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	08/26/1991	01/13/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	65-0279292	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24	25	29	30
29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of Newly Registered Agent
<b>MEDINA, LUIS ROBERTO</b> 3510 S.W. 136 COURT MIAMI FL 33175	81 Name <b>LUIS ROBERTO MEDINA</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>648 PALERMO</b> 83 <b>CORAL GABLES</b> 84 City <b>MIAMI</b> FL 85 Zip Code <b>33134</b>

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: *Luis B. Medina, Owner/President* 1/15/96  
(NOTE: Registered Agent signature required when re-registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>ANA B MEDINA</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEDINA, ANA B.</b>	2.2 NAME	<b>648 PALERMO</b>
STREET ADDRESS	<b>3092 S.W. 12TH STREET</b>	1.3 STREET ADDRESS	<b>CORN GABLES FLA 33134</b>
CITY-STATE-ZIP	<b>MIAMI FL</b>	1.4 CITY-STATE-ZIP	<b>Owner</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>MEDINA LUIS ROBERTO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEDINA, LUIS ROBERTO</b>	2.2 NAME	<b>648 PALERMO</b>
STREET ADDRESS	<b>3092 SW 12 ST</b>	1.3 STREET ADDRESS	<b>CORAL GABLES FLA 33134</b>
CITY-STATE-ZIP	<b>MIAMI FL</b>	2.4 CITY-STATE-ZIP	<b>President</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
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-STATE-ZIP		4.4 CITY-STATE-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-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>300001756888</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>-03/26/96--01032--011</b>
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	<b>***200.00</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Luis B. Medina* **OWNER** 1/31/96 (805) 286-0771  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
3/2/96 Daytime Phone #

CR2E034 (12/95)