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Mar 10 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

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



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 MARLIN ROOFING SYSTEMS, INC. 25 6925 NW 42nd
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 MIAMI FLA
23 Zip 28 33135 Country 29 USA
24 25 26 27 28 29 30

3. Date Incorporated or Qualified
08/26/1991
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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
MEDINA, LUIS ROBERTO
648 PALERMO
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name Ana B. Medina
82 Street Address 3092 SW 12 Street
83
84 City Miami FL 85 Zip Code 33135

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, to 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE *Ana B. Medina* ANA B. MEDINA 1/19/98
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature is when registering)

12. OFFICERS AND DIRECTORS
TITLE ☐ DELETE
NAME MEDINA, ANA B.
STREET ADDRESS 648 PALERMO
CITY-ST-ZIP CORAL GABLES FL 33134
TITLE ☐ DELETE
NAME MEDINA, LUIS ROBERTO
STREET ADDRESS 648 PALERMO
CITY-ST-ZIP CORAL GABLES FL 33134
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Director
1.2 NAME ANA B. MEDINA
1.3 STREET ADDRESS 3092 SW 12 STREET
1.4 CITY-ST-ZIP MIAMI, FLA 33135
2.1 TITLE Change ☐ Addition ☐
2.2 NAME LUIS ROBERTO MEDINA
2.3 STREET ADDRESS 3092 SW 12 STREET
2.4 CITY-ST-ZIP MIAMI FLA 33135
3.1 TITLE Change ☐ Addition ☐
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change ☐ Addition ☐
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change ☐ Addition ☐
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change ☐ Addition ☐
6.2 NAME
6.3 STREET ADDRESS
6.4 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 changed, or on my check with an address.

SIGNATURE: *Ana B. Medina, Owner*

CR2E034 (10/97)