FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$75719

1. Corporation Name

MARLIN ROOFING SYSTEMS, INC.

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90136 038 ***150.00



						- I (MATIRIA III IRAA) AISII (RAA) TIRIK (AIRI MIRI MINI AINI AINI AINI AINI AINI AINI AIN		
Principal Place of Business Mailing Address						_		
7330 N.W. 8TH STREET 6925 N.W. 42ND ST.					· ·			
MIAMI FL 33126		MIAMI FL 33135			DO NOT WRITE IN THIS SP	ACE		
					3. Date Incorporated or Qualifed			
					08/26/1991			
2 Principal Pl	ace of Business	2a. Mailing Address		_	4. FEI Number	T A	pplied For	
	5 NW 42 6T	26 6925 NW	421	ST	65-0279292	\rightarrow	ot Applicable	
Suite, Apt.		Suite, Apt. #, etc.	, , ,			 	Additional	
	#, etc.	27			5. Certifcate of Status Desired	-	equired	
City & State		City & State			6. Election Campaign Financing		May Be	
	<u></u>	28 Miami Fla	a		Trust Fund Contribution		to Fees	
23 1/10 V	Ni Fla Country	Zip	Country		This corporation owes the current year Intang		(0 · 000	
24 33166	Country	29 33166 30	, ,			Yes	□No	
24 33(00	9. Name and Address of Current		J.,		10. Name and Address of New Registered Age			
	9. Name and Address of Current	Registered Agent	81	Name	. 4 . 5			
MEDINA, ANA B				\	Medina Ana B.			
3092 S.W. 12TH ST.			82		Address (P.O. Box Number is Not Acceptable)		1	
MIAMI FL 33135			83	63	33 <u>5W 31 ST</u>			
ivita (i			0.3	1				
			84	City	Iam! FL	85 Zip	Code	
				<u> </u>	iami FL		3155	
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								
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 doth, 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 familial with an paccept hereby accept the appointment as registered.								
SIGNATURE //// (// // // // // ///////////////								
	Signature, typic or printed name of registered agent			nt signature re	equired when reinstating) DATE	DIDECT	0DC IN 40	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND I	Change	Addition	
TITLE	У <u>-</u>	☐ DELETE	1.1 TITLE		D /	Change		
NAME	MEDINA, ANA B.		1.2 NAME		Medina, Ana B.			
STREET ADDRESS	3092 S.W. 12TH ST.		1.3 STREE	TADDRESS	6333 SW 3151_]	
CITY-ST-ZIP	MIAMI FL 33135		1.4 CITY-S	T-ZIP	Miami, Fla 33195			
TITLE	P	☐ DELETE	2.1 TITLE	1	P	Change	Addition }	
NAME	medina, luis roberto		2.2 NAME	ĺ	Medina, Wis Roberto		}	
STREET ADDRESS	3092 S. W. 12TH ST.		2.3 STREE	T ADDRESS	6333 SW 31ST		\ \	
CITY-ST-ZIP	MIAMIA FL 33135		2. 4 GITY-5	ST-ZIP	Miami Fla 33155	•		
TITLE		☐ DELETE	3.1 TITLE] Change	☐ Addition	
NAME			3.2 NAME		• , .			
STREET ADDRESS		,	3.3 STREE	T ADDRESS			}	
			3.4 CITY-5				}	
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE] Change	Addition	
NAME -			4.2 NAME					
!		,		TADDRESS				
STREET ADDRESS			4.4 CITY-S			•	1	
CITY-ST-ZIP		DELETE	5.1 TITLE)1-ZIP		Change	Addition	
TITLE			5.1 IIILE	ĺ				
NAME				T ADDRESS				
STREET ADDRESS					·		}	
CITY-ST-ZIP	·	DECETE	5.4 CITY-S 6.1 TITLE	11-212	ļ-] Change	Addition	
TITLE		☐ DELETE		ļ	L	"I custide	LI Addition	
NAME			6.2 NAME				1	
STREET ADDRESS			6.3 STREE	T ADDRESS	•		1	
1	1		E C A CITY O	7 710				

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 on an attackment with an other like empowered.

SIGNATURE: