

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/02/95--01136--011
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # V64942 (8)

1. Corporation Name

RAINBOW ROOFING OF MIAMI, INC.

Principal Place of Business

21140 BLUE WATER ROAD
MIAMI FL 33189

Mailing Address

21140 BLUE WATER ROAD
MIAMI FL 33189

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SEMINO, YVETTE
21140 BLUE WATER RD
MIAMI FL 33189

81 Name

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

83

84 City

FL

85

Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	SEMINO, YVETTE
STREET ADDRESS	21140 BLUE WATER ROAD
CITY - ST - ZIP	MIAMI FL
TITLE	P
NAME	SEMINO, ORESTES
STREET ADDRESS	8261 NW 8 STR, STE 127
CITY - ST - ZIP	MIAMI FL
TITLE	VT
NAME	CARDENAS, GLORIA
STREET ADDRESS	21140 BLUE WATER RD
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	P	☒ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE	VP	☒ Change ☐ Addition
22 NAME	Orestes Semino	
23 STREET ADDRESS	5415 SW 137th	
24 CITY - ST - ZIP	Miami, FL 33175	
31 TITLE		☒ Change ☐ Addition
32 NAME	No Person	
33 STREET ADDRESS	Take off Corp	
34 CITY - ST - ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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)(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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Yvette Semino P

4/23/95

229-9848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone #