

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

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Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000074948 (9)

1. Corporation Name
LONG LIFE CONSTRUCTION AND ROOFING, INC.

Principal Place of Business 15014 SW 141 PL MIAMI FL 33186-5709	Mailing Address 15014 SW 141 PL MIAMI FL 33186-5709
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2. Principal Place of Business 21 15014 S.W. 141 PL.		2a. Mailing Address 26 15014 S.W. 141 PL.		3. Date Incorporated or Qualified 10/25/1993	3a. Date of Last Report 08/09/1996
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0462185	Applied For Not Applicable
City & State 23 Miami FL		City & State 28 Miami FL		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24 33186	Country 25 Dade	Zip 29 33186	Country 30 Dade	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent SOHN, OLIVER 15112 SW 141ST PL MIAMI FL 33186				10. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	SOHN, OLIVER	1.2 NAME	
STREET ADDRESS	15112 SW 141ST PL	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33186	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	VD
NAME	SOHN, LEE	2.2 NAME	Sohn Lee
STREET ADDRESS	15014 SW 141 PL	2.3 STREET ADDRESS	15014 S.W. 141 PL.
CITY - ST - ZIP	MIAMI FL 33186	2.4 CITY - ST - ZIP	Miami FL 33186
TITLE	D	3.1 TITLE	D
NAME	SOHN, MARLIS	3.2 NAME	Sohn Marlis
STREET ADDRESS	15014 SW 141 PL	3.3 STREET ADDRESS	15014 S.W. 141 PL.
CITY - ST - ZIP	MIAMI FL 33186	3.4 CITY - ST - ZIP	Miami FL 33186
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 an attachment with an address.

SIGNATURE: Marlis Sohn Marlis Sohn V. **4-7-97** **251-9697**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)