

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION
ANNUAL REPORT
1996**



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

FILED
Jul 30 1996 8:00 am
Secretary of State

DOCUMENT # P94000011648 (0)

1. Corporation Name

PRUDENTIAL ROOFING CONTRACTORS INC.



Principal Place of Business		Mailing Address	
901 NE 2ND CT. HALLANDALE FL 33009		901 NE 2ND CT. HALLANDALE FL 33009	
3. Date Incorporated or Quailed	3a. Date of Last Report		
01/31/1994	10/18/1995		
4. FEI Number	Applied For		
65-0467038	Not Applicable		
5. Certificate of Status Desired	\$8.75 Additional Fee Required		
<input type="checkbox"/>			
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
<input type="checkbox"/>			
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
Country	Country
24. Country	30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent											
BIAS, ADRIAN A 901 NE 2ND CT. HALLANDALE FL 33009		<table border="1"> <tr> <td>81. Name</td> <td></td> </tr> <tr> <td>82. Street Address (P.O. Box Number is Not Acceptable)</td> <td></td> </tr> <tr> <td>83. City</td> <td></td> </tr> <tr> <td>84. City</td> <td>FL</td> </tr> <tr> <td></td> <td>85. Zip Code</td> </tr> </table>		81. Name		82. Street Address (P.O. Box Number is Not Acceptable)		83. City		84. City	FL		85. Zip Code
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82. Street Address (P.O. Box Number is Not Acceptable)													
83. City													
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change Addition
	P BIAS, ADRIAN A 901 N.E. 2ND COURT HALLANDALE FL 33009	1.2 NAME	
	VP BIAS, GABRIELA 901 N.E. 2ND COURT HALLANDALE FL 33009	1.3 STREET ADDRESS	
		1.4 CITY - ST - ZIP	Change Addition
		2.1 TITLE	
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	Change Addition
		3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	Change Addition
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	Change Addition
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	Change Addition
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	Change Addition

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

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-24-96
Date
(954) 456 9946
Telephone #

CR2E034 (3/96)