

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

**FILED**

**Mar 26 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # P94000011648 (0)**

1. Corporation Name  
**PRUDENTIAL ROOFING CONTRACTORS INC.**



Principal Place of Business  
**801 NE 2ND CT.  
HALLANDALE FL 33009**

Mailing Address  
**801 NE 2ND CT.  
HALLANDALE FL 33009-3589**

3. Date Incorporated or Qualified  
**01/31/1994**

3a. Date of Last Report  
**07/30/1996**

2. Principal Place of Business 21 <b>17801 SCARSDALE WAY</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>17801 SCARSDALE WAY</b> Suite, Apt. #, etc.	4. FEI Number <b>65-0467038</b>	Applied For Not Applicable
22	27	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State <b>BOCA RATON, FL.</b>	28. City & State <b>BOCA RATON, FL.</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Zip <b>33496</b>	25. Country <b>USA</b>	29. Zip <b>33496</b>	30. Country <b>USA</b>
9. Name and Address of Current Registered Agent <b>BIAS, ADRIAN A 801 NE 2ND CT. HALLANDALE FL 33009</b>		10. Name and Address of New Registered Agent	

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
	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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **3/21/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>P.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BIAS, ADRIAN A</b>		1.2 NAME <b>BIAS, ADRIAN A</b>	
STREET ADDRESS <b>901 N.E. 2ND COURT</b>		1.3 STREET ADDRESS <b>851 Three island Blvd. # 102</b>	
CITY-ST-ZIP <b>HALLANDALE FL 33009</b>		1.4 CITY-ST-ZIP <b>HALLANDALE FL 33009</b>	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>V.P.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BIAS, GABRIELA</b>		2.2 NAME <b>BIAS GABRIELA</b>	
STREET ADDRESS <b>901 N.E. 2ND COURT</b>		2.3 STREET ADDRESS <b>17801 SCARSDALE WAY</b>	
CITY-ST-ZIP <b>HALLANDALE FL 33009</b>		2.4 CITY-ST-ZIP <b>BOCA RATON 33496, FL.</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* **ADRIAN BIAS** DATE: **03/21/97** DAYTIME PHONE # **(661) 9831931**

CR2E034 (9/96)