

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

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

FL

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 P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BIAS, ADRIAN A		1.2 NAME BIAS, ADRIAN A	
STREET ADDRESS 901 N.E. 2ND COURT		1.3 STREET ADDRESS 851 Three island Blvd. # 102	
CITY-ST-ZIP HALLANDALE FL 33009		1.4 CITY-ST-ZIP HALLANDALE FL 33009	
TITLE VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BIAS, GABRIELA		2.2 NAME BIAS GABRIELA	
STREET ADDRESS 901 N.E. 2ND COURT		2.3 STREET ADDRESS 17801 SCARSDALE WAY	
CITY-ST-ZIP HALLANDALE FL 33009		2.4 CITY-ST-ZIP BOCA RATON 33496, FL.	
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)