

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

10/2

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 JUL 21 AM 10:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000026221 (8)

1. Corporation Name  
**ROOFING EMPORIUM, INC.**

Principal Place of Business  
**14451 S.W. 112TH TERRACE  
MIAMI FL 33186**

Mailing Address  
**14451 S.W. 112TH TERRACE  
MIAMI FL 33186**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/03/1995</b>	3a. Date of Last Report <b>06/13/1996</b>
4. FEI Number <b>65-0567984</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" 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
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**KOPETMAN, FABIAN  
14451 S.W. 112TH TERRACE  
MIAMI FL 33186**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State <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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOPETMAN, FABIAN</b>	1.2 NAME	
STREET ADDRESS	<b>14451 S.W. 112TH TERRACE</b>	1.3 STREET ADDRESS	<b>600002251556--7</b>
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	1.4 CITY-ST-ZIP	<b>-07/29/97--01123--021</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>****165.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
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: *Fabian Kopetman* 7-15-97 388-6375

CR2E034 (4/97)

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JULY 17, 1997

FLORIDA DEPT. OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FLA. 32314

TO WHOM IT MAY CONCERN;

PLEASE BE ADVISED, THIS IS MY SECOND ATTEMPT AT FILING THE 1997 CORP. ANNUAL REPORT. ORIGINALLY, I SENT THE COMPLETED FORM ALONG WITH A PAYMENT BACK IN MARCH. UPON COMMUNICATING WITH PERSONNEL FROM YOUR OFFICE, IT HAS COME TO MY ATTENTION THAT THE FORM WAS NEVER RECEIVED. ANY QUESTIONS MAY BE ADDRESSED TO THE ADDRESS ON THE FORM OR AT (305) 388-6375. THANK YOU.

SINCERELY,

  
FABIAN KOPETMAN  
DIRECTOR