

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 JUN 24 PM 2:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000062357 (4)

1. Corporation Name
A-1 HERMI ROOFING CO.



Principal Place of Business: 8332 NW 74 AVE. MEDLEY FL 33166
Mailing Address: 8332 NW 74 AVE. MEDLEY FL 33166-7406

2. Principal Place of Business: 21 8332 NW 74 W, Suite. Apt. #, etc. 22 Miami, Florida, Zip 33166, Country USA
2a. Mailing Address: 26 7561 SW 26 CT, Suite. Apt. #, etc. 27 Davie, Florida, Zip 33314, Country USA
9. Name and Address of Current Registered Agent: NEUSTEIN, CHARLES, 420 LINCOLN ROAD, SUITE 600, MIAMI BEACH FL 33139

3. Date Incorporated or Qualified: 07/24/1996
3a. Date of Last Report: [Blank]
4. FEI Number: ID 650683468
5. Certificate of Status Desired: [X] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [] Yes [X] No
10. Name and Address of New Registered Agent

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

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: [Blank] (NOTE: Registered Agent signature required when registering) DATE: [Blank]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1.1 TITLE	[] Change [] Addition
NAME	Miguel S Hernandez	1.2 NAME	[] Change [] Addition
STREET ADDRESS	7561 SW 26 CT	1.3 STREET ADDRESS	[] Change [] Addition
CITY-ST-ZIP	Davie, Florida 33314	1.4 CITY-ST-ZIP	[] Change [] Addition
TITLE	[] DELETE	2.1 TITLE	[] Change [] Addition
NAME	[] DELETE	2.2 NAME	[] Change [] Addition
STREET ADDRESS	[] DELETE	2.3 STREET ADDRESS	[] Change [] Addition
CITY-ST-ZIP	[] DELETE	2.4 CITY-ST-ZIP	[] Change [] Addition
TITLE	[] DELETE	3.1 TITLE	[] Change [] Addition
NAME	[] DELETE	3.2 NAME	[] Change [] Addition
STREET ADDRESS	[] DELETE	3.3 STREET ADDRESS	[] Change [] Addition
CITY-ST-ZIP	[] DELETE	3.4 CITY-ST-ZIP	[] Change [] Addition
TITLE	[] DELETE	4.1 TITLE	[] Change [] Addition
NAME	[] DELETE	4.2 NAME	[] Change [] Addition
STREET ADDRESS	[] DELETE	4.3 STREET ADDRESS	[] Change [] Addition
CITY-ST-ZIP	[] DELETE	4.4 CITY-ST-ZIP	[] Change [] Addition
TITLE	[] DELETE	5.1 TITLE	[] Change [] Addition
NAME	[] DELETE	5.2 NAME	[] Change [] Addition
STREET ADDRESS	[] DELETE	5.3 STREET ADDRESS	[] Change [] Addition
CITY-ST-ZIP	[] DELETE	5.4 CITY-ST-ZIP	[] Change [] Addition
TITLE	[] DELETE	6.1 TITLE	[] Change [] Addition
NAME	[] DELETE	6.2 NAME	[] Change [] Addition
STREET ADDRESS	[] DELETE	6.3 STREET ADDRESS	[] Change [] Addition
CITY-ST-ZIP	[] DELETE	6.4 CITY-ST-ZIP	[] Change [] Addition

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****173.75 ****173.75

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.

CR2E034 (9/96)