FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name V67801 (3)

U.S.A. HENRY ROOFING CORP.

FILED May 01 1996 8:00 am Secretary of State

		BHAN BIAN BIAN	15111 181
		 	

Principal Place of Business		Mailing Address	Mailing Address					
7250 S.W. 13 Miami Fl 331		7250 S.W. 13TH ST. Miami FL 33144						
					 Date Incorporated or Qualified 09/28/1992 	3a. Date o 05 /	of Last /01/1	
2. Principal Plac	ce of Business	2a. Mailing Address		.,	4. fEl Number			Applied For
21		26			65-0359809		-	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	h,		I & Centricate of Status Desired III '			75 Additional e Required
2		Oitu & Ctata			& Firsting Computer Singular			
City & State		28	City & State		Flection Campaign Financing Trust Fund Contribution			00 May Be ded to Fees
Zip	Country	Zip	Country		8. This corporation has liability for i	ntangible tax	under	s 199.032,
24	25	29	30			□ No		
	g. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	egistered Ag	gent	
			81	Name				
PENA, E	NRIQUE		82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
	V 13TH ST							
MIAMI F			83					
			84	City		p== 1	85	Zip Code
				'	pration submits this statement for the pur	<u>FL</u>	للبل	
	Signature typod or printed reme of registered ager	ir and life if applicable (N ND DIRECTORS	OTE: Registered Age	ent signature requir	eo when reinstating: ADDITIONS/CHANGES TO OFF	DATE ICERS AND I	DIREG	TORS IN 12
12.	PSTD	DELETE	1. 1 TiTLE		ADDITIONAL OF A NOCE TO ST] Chang	
NAME	PENA, HENRY		1.2 NAME	i				_
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NAME			2.2 NAME					
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NAME			6.2 NAM	E				
STREET ADDRESS			63 STRE	E1 ADDRESS				
CITY-ST-ZIP			6.4 CHTY					
44 Lda barah	a codify that the information supplier	d with this filing is voluntarily for	imished and do	es not qualify	of for the exemption stated in Section 119	3.07(3)(k), Flor	ida Str	atutes. I further

I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. 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 trustoo 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:

PEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

145-0500