FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 1:50

DOCUMENT # 143306 (9)

1. Corporation Name
SEROTA PLUMBING COMPANY

Principal Place of Business	Mailing Address
1504 ALTON RD MIAMI BEACH FL 33139-3302	1504 ALTON RD MIAMI BEACH FL 33139-3302

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/25/1944
3a. Date of Last Report: 01/20/1994

2. Principal Place of Business
21: 893 N.E. 79 St.
22: Suite, Apt. #, etc.
23: City & State: Miami, Fla.
24: Zip: 33138
25: Country:

2a. Mailing Address
26: 893 N.E. 79 St
27: Suite, Apt. #, etc.
28: City & State: Miami, Fla.
29: Zip: 33138
30: Country:

4. FEI Number: APPLIED FOR 59-0572570 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $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 ☐ No

9. Name and Address of Current Registered Agent

VENTO, RON
1504 ALTON RD
MIAMI BCH FL 33139

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable): 893 NE 79 St.
93
94 City: Miami FL 95 Zip Code: 33138

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☑ Change ☐ Addition
NAME	VENTO, RONALD	1.2 NAME	
STREET ADDRESS	1504 ALTON RD	1.3 STREET ADDRESS	893 NE 79 St
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	Miami 33138
TITLE	STV	2.1 TITLE	☑ Change ☐ Addition
NAME	CERRATO, BARRY	2.2 NAME	
STREET ADDRESS	1504 ALTON RD	2.3 STREET ADDRESS	893 NE 79 St.
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	Miami, Fla. 33138
TITLE	D	3.1 TITLE	☑ Change ☐ Addition
NAME	CERRATO, BARRY	3.2 NAME	
STREET ADDRESS	1504 ALTON RD	3.3 STREET ADDRESS	893 NE 79 St.
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	Miami Fla 33138
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and 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: Ron Vento Ron Vento JAN. 24, 1995 1-305 672-7252
SIGNATURE AND TYPED OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR — Date — Daytime Phone

0147410 CP