

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **540086** (6)
1. Corporation Name
AURORA PLUMBING, CORPORATION



Principal Place of Business: **3555 N.W. 52ND STREET MIAMI FL 33142**
Mailing Address: **3555 NW 52ND STREET MIAMI FL 33142 US**

2. Principal Place of Business: 21 State Apt. # etc. 22 City & State 23 Zip 24
2a. Mailing Address: 26 State Apt. # etc. 27 City & State 28 Zip 29 County 30

3. Date Incorporated or Qualified: **05/27/1977**
3a. Date of Last Report: **03/16/1995**
4. FEIN Number: **59-1823765**
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
**RAYON, LEONARDO
2471 S.W. 21 TERRACE
MIAMI FL 33145**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City, FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.01(4) and 607.01(5), 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, thereby to accept the appointment as registered agent, I am familiar with and accept the obligations of, Section 607.01(4), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS
[] DELETE
TITLE: **VD**
NAME: **RAYON, LEONARDO L**
STREET ADDRESS: **2471 S.W. 21 TERRACE**
CITY-STATE-ZIP: **MIAMI FL 33145**
[] DELETE
TITLE: **SD**
NAME: **VIERA, OVIDIO J**
STREET ADDRESS: **933 NW 32ND PLACE**
CITY-STATE-ZIP: **MIAMI, FL 00000**
[] DELETE
TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-STATE-ZIP: _____
[] DELETE
TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-STATE-ZIP: _____
[] DELETE
TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-STATE-ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
[] Change [] Addition
1. TITLE: _____
1. NAME: _____
1. STREET ADDRESS: _____
1. CITY-STATE-ZIP: _____
[] Change [] Addition
2. TITLE: _____
2. NAME: _____
2. STREET ADDRESS: _____
2. CITY-STATE-ZIP: _____
[] Change [] Addition
3. TITLE: _____
3. NAME: _____
3. STREET ADDRESS: _____
3. CITY-STATE-ZIP: _____
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4. NAME: _____
4. STREET ADDRESS: _____
4. CITY-STATE-ZIP: _____
[] Change [] Addition
5. TITLE: _____
5. NAME: _____
5. STREET ADDRESS: _____
5. CITY-STATE-ZIP: _____
[] Change [] Addition
6. TITLE: _____
6. NAME: _____
6. STREET ADDRESS: _____
6. CITY-STATE-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)(k), Florida Statutes. I further certify that the information included on this document complies with the requirements of the supplemental annual report as that and accurate, and that my signature shall have the same legal effect as if made under oath. But I am an officer or director of the corporation and the information is provided to the public under the provisions of Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. I am not affiliated with an address.

SIGNATURE: **Leonardo Rayon-President** 04-02-96 (305)-633-9578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)