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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **K48371** (4)

1. Corporation Name

AARON PLUMBING CONTRACTOR OF MIAMI, INC.

Principal Place of Business

Mailing Address

7594 NW 8 ST.
MIAMI FL 33126

7594 NW 8 ST.
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/01/1988**
3a. Date of Last Report: **05/24/1994**

4. FEI Number: **65-0191008**
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 § 199.032, Florida Statutes. Yes No

21. Principal Place of Business	26. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. ZIP	29. ZIP
25. Locality	30. Locality

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHIRINO, RIGOBERTO
1110 S.W. 75TH AVE
MIAMI FL 33144

B1. Name	B5. Zip Code
B2. Street Address (P.O. Box Number is Not Acceptable)	FL
B3.	
B4. City	

11. Pursuant to the provisions of Sections 607.0902 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 607.0902, Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Registered Agent)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 12)	
TITLE	PS CHIRINO, RIGOBERTO	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIRINO, RIGOBERTO	2. NAME	
STREET ADDRESS	1110 S.W. 75TH AVE	3. STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	4. CITY, ST, ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY, ST, ZIP		8. CITY, ST, ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(b), Florida Statutes. I further certify that the information indicated on this annual report is supplemental annual report, true and accurate and that my signature shall have the same legal effect as if made on the certificate that I am an officer or director of this corporation or the receiver or trustee of such corporation. I have signed this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an original.

SIGNATURE:

(Signature)
SIGNATURE AND PRINTED NAME OF REGISTERED AGENT

4/28/95

305-591-2929