

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V61892 (8)
1. Corporation Name
EXCEL PLUMBING SERVICES, INC.



Principal Place of Business Mailing Address
9261 S.W. 85 STREET MIAMI FL 33173 **9261 S.W. 85 STREET MIAMI FL 33173**

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

3. Date Incorporated or Qualified **09/04/1992** 3a. Date of Last Report **03/22/1995**
4. FEI Number **65-0354153** 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

PEREZ, CARLOS
9261 S.W. 85 ST.
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name
82 Street Address (if O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1305, 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

Signature of person filing this report (if not the registered agent)

Signature of new registered agent (if not the person filing this report)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	PEREZ, CARLOS	
STREET ADDRESS	9261 S.W. 85 ST.	
CITY, ST, ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	TELLERIA, LEONEL	
STREET ADDRESS	350 EAST 21 STREET APT. #210	
CITY, ST, ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17 NAME	
17 STREET ADDRESS	
17 CITY, ST, ZIP	
22 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
22 STREET ADDRESS	
22 CITY, ST, ZIP	
27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27 NAME	
27 STREET ADDRESS	
27 CITY, ST, ZIP	
32 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
32 STREET ADDRESS	
32 CITY, ST, ZIP	
37 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
37 NAME	
37 STREET ADDRESS	
37 CITY, ST, ZIP	
42 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
42 STREET ADDRESS	
42 CITY, ST, ZIP	
47 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
47 NAME	
47 STREET ADDRESS	
47 CITY, ST, ZIP	
52 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
52 STREET ADDRESS	
52 CITY, ST, ZIP	
57 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
57 NAME	
57 STREET ADDRESS	
57 CITY, ST, ZIP	
62 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
62 STREET ADDRESS	
62 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)(k), 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, 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. I am not a partner or partner-in-interest with an addressee.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **(Perez)**

3/11/96 (305) 273-1138

CR2E034 (12/95)