

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Mortham
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

2a. Mailing Address

21 State Apt. # etc.

26 State Apt. # etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

RAYON, LEONARDO
2471 S.W. 21 TERRACE
MIAMI FL 33145

3. Date Incorporated or Qualified

05/27/1977

3a. Date of Last Report

03/16/1995

4. FEI Number

59-1823765

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

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 607.40 and 607.41, 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 accepting the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.40 and 607.41, Florida Statutes.

SIGNATURE

Signature of Officer or Director

Signature of Secretary or Treasurer

Date

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME
RAYON, LEONARDO L
STREET ADDRESS
2471 S.W. 21 TERRACE
CITY-STATE-ZIP
MIAMI FL 33145

2. TITLE ☐ DELETE

NAME
VIERA, OVIDIO J
STREET ADDRESS
933 NW 32ND PLACE
CITY-STATE-ZIP
MIAMI, FL 00000

3. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

4. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

5. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

6. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

7. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 officer/director supplemental annual report is true and accurate, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation and the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. I am a resident of the State of Florida.

SIGNATURE:

(Signature)

Leonardo Rayon-President

04-02-96 (305)-633-9578

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)