

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 # **519768** (6)

1. Corporation Name
MIAMI WATER HEATER, INC.



Principal Place of Business: **1324 NW 29 STREET MIAMI FL 33142**
Mailing Address: **1324 NW 29 STREET MIAMI FL 33142**

3. Date Incorporated or Qualified: **12/07/1976**
3a. Date of Last Report: **02/24/1995**
4. FEI Number: **59-1707029**
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

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
2a. Mailing Address
26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent

**GRAVES, DAVID A.
3701 PARK AVENUE
MIAMI FL 33133**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

11a. TITLE	PD	<input type="checkbox"/> DELETE
11b. NAME	SANCHEZ, CARLOS E.	
11c. STREET ADDRESS	8931 SW 52ND STREET	
11d. CITY - ST - ZIP	MIAMI FL	
11e. TITLE	SD	<input type="checkbox"/> DELETE
11f. NAME	GRAVES, DAVID A.	
11g. STREET ADDRESS	3701 PARK AVENUE	
11h. CITY - ST - ZIP	MIAMI FL	
11i. TITLE	AS	<input type="checkbox"/> DELETE
11j. NAME	SANCHEZ, MARIA C.	
11k. STREET ADDRESS	8931 SW 52 STREET	
11l. CITY - ST - ZIP	MIAMI FL	
11m. TITLE		<input type="checkbox"/> DELETE
11n. NAME		
11o. STREET ADDRESS		
11p. CITY - ST - ZIP		
11q. TITLE		<input type="checkbox"/> DELETE
11r. NAME		
11s. STREET ADDRESS		
11t. CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12a. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12b. NAME		
12c. STREET ADDRESS		
12d. CITY - ST - ZIP		
12e. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12f. NAME		
12g. STREET ADDRESS		
12h. CITY - ST - ZIP		
12i. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12j. NAME		
12k. STREET ADDRESS		
12l. CITY - ST - ZIP		
12m. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12n. NAME		
12o. STREET ADDRESS		
12p. CITY - ST - ZIP		
12q. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12r. NAME		
12s. STREET ADDRESS		
12t. 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 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: *Maria Cristina Sanchez* 2-2-96 (305) 633-2656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)