


FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90254 032 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F61781

1. Corporation Name
DORAL PLUMBING, INC.



Principal Place of Business 7106 S.W. 8TH ST. STE. #104 MIAMI FL 33144	Mailing Address 7106 S.W. 8TH ST. STE. #104 MIAMI FL 33144
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7310 S.W. 14TH ST.		2a. Mailing Address 26 7310 S.W. 14TH ST.		3. Date Incorporated or Qualified 01/20/1982	
22 M-Dade, Fla. 33144		27 Miami-Dade		4. FEI Number 59-2189013	
23		28 Fla.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29 33144		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent RANGEL, RIGOBERTO 3850 S.W. 87TH PL MIAMI FL 33165				10. Name and Address of New Registered Agent			
Rigoberto Rangel 7310 S.W. 14TH ST. Miami Fla. 33144				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 607.0502 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RANGEL, RIGOBERTO		1.2 NAME	
STREET ADDRESS 3850 S.W. 87TH PL		1.3 STREET ADDRESS	
CITY-STATE-ZIP MIAMI FL		1.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 7310 S.W. 14TH ST		2.2 NAME	
STREET ADDRESS Miami-Dade, Fla. 33144		2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: *Rigoberto Rangel* **Rigoberto Rangel - P.D.** Date: **1-29-99** Daytime Phone #: **315-2671014**

CR2E034 (1/98)