FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G80737 (1)

1. Corporation Name

CARIBBEAN PLUMBING CORPORATION

Principal Place of Business	Mailing Address
C/O OBDULIO ENCINOSA 90 EAST 42ND STREET HIALEAH FL 33013	C/O OBDULIO ENCINOSA 90 EAST 42ND STREET HIALEAH FL 33013

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/15/1983
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2445739 — 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 XX No

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

9. Name and Address of Current Registered Agent

ENCINOSA, OBDULIO
90 EAST 42ND STREET
~~MIAMI FL 33174~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: HIALEAH — FL — 85 Zip Code: 33013

11. Pursuant to the provisions of sections 607.0502 and 617.0502, 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

12. OFFICERS AND DIRECTORS

Title	PST
Name	ENCINOSA, OBDULIO
Street Address	90 E 42 ST
City-St-Zip	HIALEAH FL
Title	D
Name	ENCINOSA, OBDULIO
Street Address	90 E 42 ST
City-St-Zip	HIALEAH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS — ☐ Change ☐ Addition

14. I 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)(x), Florida Statutes. I further certify that the information indicated on the 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: O. Encinosa OBDULIO ENCINOSA-PRESIDENT 4/18/95 (305)822-6736

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

0082370 CP