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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

L74840

(4)

DOCUMENT # L.

1. Corporation Name

ULTRA PLUMBING, INC.

Principal Place o	f Business	Mailing Address			) (Olicibit die 1884) araa, anvit araa,	### #### #		
13711 SW 71 LANE 13711 SW 71 LANE MIAMI FL 33183 MIAMI FL 33183								
					3. Date Incorporated or Qualified 05/22/1990	3a. Date of <b>04/</b>	26/1 <u>9</u>	95
2. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number			Applied For
		26			65-0193872   Not Applicable   \$8,75 Additional			
Suite, Apt. #,	.etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution			O May Be d to Fees
7 <sub>ip</sub>	Country	Zip	Cou	intry	8. This corporation has liability for		ınder s	199.032,
24)	25	29	30			□No		
<u></u>	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New F	legistered Ag	ent	
				81 Name				
RIVERO, CARLOS MANUEL				82 Street Ad	dress (P.O. Box Number is Not Acceptable)			
13711 SW 71 LANE MIAMI FL 33183				83		<del></del> -		
MPAWIT	L 33103			84 City			85 Z	p Code
				1 1 1	poration submits this statement for the punard of directors. I hereby accept the app	<u> </u>		take and self-self-self-self-self-self-self-self-
	Signature typed or or nited name of registered agr OFFICERS A	ont and trife if applicable. (NC ND DIRECTORS	TE Rogistere		ired when reinstaling) ADDITIONS/CHANGES TO OF			
12.	VPT	DELETE		TITLE			Change	
NAME	RIVERO, CARLOS M.		1.2 1	NAME				
STREET ADDRESS	13711 SW 71 LANE		1.3 9	STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP		<u></u>	Change	☐ Addition
THILF	P	DELETE	1	THILE		L	Onar-gc	
NAME	RIVERO, FAFAELA			NAME				
STREET ADDRESS	13711 SW 71 LANE			STREET ADDRESS CITY-ST-ZIP				
CITY-ST-ZIP TI*LE	MIAMI FL	DELETE		TITLE			Change	☐ Addition
NAME			3.2	NAME				
STREET ADDRESS			33	STREET ADDRESS				
CITY-S1-ZIP				CITY-ST-ZIP			Change	Addition
TITLE		DELETE	1	TITLE		L	Change	L Modition
NAME				NAME				
STREET ADDRESS				STREET ADDRESS CITY-ST-ZIP				
CITY - S1 - ZIP		☐ DELETE		TITLE			] Change	Addition
111LE NAME				NAME				
STREET ADDRESS			5.3	STREET ADDRESS				
CITY-S1-ZIP			5.4	CITY-ST-ZIP			1 04 -	
TITLE		DELETE		TITLE		L	) Change	e 🔲 Addition
NAME			1	NAME	•			
STREET ADDRESS				STREET ADDRESS				
CITY-ST-ZIP			64	CITY-ST-ZIP	ify for the exemption stated in Section 11	9.07(3)(k), Flor	ida Sta	tutes. I further

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 cartify 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:

CHATTHE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

03/04/96 (305) 386-1828