## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L74840

(4)

**ULTRA PLUMBING, INC.** 

Principal Place of Business

Mailing Address

19711 CW 71 LANE

## **FILED** Apr 28 1997 8:00am Secretary of State

| MIAMI FL 33183  |  |                       | MIAMI FL 33183-2140 |                     |              |   |   |                 |                         |
|-----------------|--|-----------------------|---------------------|---------------------|--------------|---|---|-----------------|-------------------------|
|                 |  |                       |                     |                     |              | 05/22/1990 05/01/   |   |                 | of Last Report<br>/1996 |
| 2. Principal Pi | ace of Business  | 2a. Mailing Add       | 2a. Mailing Address |                     |              | 4. FEI Number   | Applied For                               |                 |                         |
| 21              |  | 26                    | 26                  |                     |              | <b>65-0193872</b> Not Applicable  |   |                 |                         |
| Suite, Apt. (   | #, etc.  | Suite, Apt. (         | Suite, Apt. #, etc. |                     |              | 5. Certificate of Status Desired  |   | <b>\$8.75</b> A |                         |
| 22              |  | 27                    |                     |                     |              | J. Certificate of Oldress Desired   |   | Fee Rec         | quired                  |
| City & State    |  | City & State          | ;                   |                     |              | 6. Election Campaign Financing  | _   | \$5.00          |                         |
| 23              |  | 28                    |                     |                     |              | Trust Fund Contribution   |   | Added to        |                         |
| Zip             | Country  | Z(p                   | r1                  | ountry              |              | 8. This corporation has liability for intangible tax under s. 199.032,  Florida Statutes Yes X No   |   |                 |                         |
| 24              | 25<br>9. Name and Address of Cui                         | 29                    | 30                  | <u></u>             |              | Florida Statutes  10. Name and Address of New Rec   |   |                 |                         |
| Dh C            | RO, CARLOS MANUEL  | Tell negistored Agoin |                     | 81 Na               | me           | 10. Hame and Address of New Yes   | 31010100719                               |                 |                         |
|                 | INO, CANLOS MANDEL<br>11 SW 71 LANE                      |                       |                     |                     |              |   |   |                 |                         |
|                 | MI FL 33183  |                       | 82 Street Add       |                     |              | ddress (P.O. Box Number is Not Acceptable)  |   |                 |                         |
| MIN             | MI FE 33 103   |                       |                     | 83                  |              |   |   |                 |                         |
|                 |  |                       |                     |                     |              |   |   |                 |                         |
|                 |  |                       |                     | <b>84</b> Cit       | У            |   | FL  | <b>85</b> Zip C | Code                    |
| SIGNATURE       | Lailos m   | Buen                  | D( carl             | OS M                | RIU          | oration submits this statement for the p<br>on's board of directors. I hereby accep<br><b>EAP</b> O | urpose of continuation of the appointment | nanging its     | registered<br>egistered |
| 12.             | Signature, typed or printed name of registeres OFF ICEBS | AND DIRECTORS         | 1                   |                     | auni require | ADDITIONS/CHANGES TO OFFIC  |   | IRECTORS        | S IN 12                 |
| TITLE           | VPT  |                       |                     | TITLE               | Ree          |   |   | Change          | Addition                |
| NAME            | RIVERO, CARLOS M.  |                       | 13                  | NAME                | 10.          | was 144.163   |   |                 |                         |
| STREET ADDRESS  | 13711 SW 71 LANE   |                       | 13                  | STREET ADDR         | \\3`         | 111 2m 11 cm.   |   |                 |                         |
| CITY-ST-ZIP     | MIAMI FL   |                       | 1.4                 | CITY-ST-ZIP         | CC           | Mari. FL 33183  |   |                 |                         |
| TITLE           | P  | <b>X</b>              |                     | TITLE               |              |   | L   | Change          | Addition                |
| NAME            | RIVERO, FAFAELA  |                       | 2.2                 | 2 NAME              |              |   |   |                 |                         |
| STREET ADDRESS  | 13711 SW 71 LANE   |                       | 2.3                 | STREET ADDR         | ESS          |   |   |                 |                         |
| CITY-ST-ZIP     | MIAMI FL   |                       |                     | 4 CITY - ST - ZIP   |              |   |   |                 |                         |
| TETLE           |  |                       | DELETE 3.1          | 1 TITLE             |              |   | L.  | Change          | Addition                |
| NAME            |  |                       | 3.3                 | MAM S               | İ            |   |   |                 |                         |
| STREET ADDRESS  |  |                       | 3.3                 | STREET ADDR         | rss          |   |   |                 |                         |
| CITY-ST-ZIP     |  |                       |                     | 4. C(1Y - \$1 - Z)F |              |   |   | <b>-</b>        |                         |
| TITLE           |  |                       |                     | 1 TITLE             |              |   | L   | _ Change        | Addition                |
| NAME            |  |                       | 1                   | 2 NAME              |              |   |   |                 | ļ                       |
| STREET ADDRESS  |  |                       |                     | S STREET ADDR       | rss          |   |   |                 |                         |
| CITY-ST-ZIP     |  | <del></del>           |                     | 4 CITY - ST - ZIP   |              |   |   | Change          | Addition                |
| TITLE           |  | لــا                  |                     | 1 1ITLE             |              |   | L   | □ cuan∂s        |                         |
| NAME            |  |                       | 4                   | 2 NAME              |              |   |   |                 |                         |
| STREET ADDRESS  |  |                       |                     | 3 STREET ADDR       | ISS          |   |   |                 |                         |
| CITY-ST-ZIP     |  |                       |                     | 4 CITY-ST-ZIP       |              |   |   | Change          | Addition                |
| TITLE           |  | LJ                    |                     | 1 TITLE             |              |   | L   | _ vnange        | LT WORKON               |
| NAME            | ·  |                       |                     | 2 NAME              | 500          |   |   |                 |                         |
| STREET ADDRESS  |  |                       |                     | 3 STREET ADDR       | 155          |   |   |                 |                         |
| CITY-ST-ZIP     |  |                       | 6.                  | 4 CITY-ST-7IP       | <u>_</u>     | C- C- 440 07/07/2 Fly add Children  |   |                 |                         |

I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true at discourate and that my signature shall have the same legal effect as if made under eath; 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 charged, or on an attaching it with an address.