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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:33

DOCUMENT # **L97304** **(4)**

1. Corporation Name
FLORIDA PLUMBING AND HARDWARE CO., INC.

Principal Place of Business	Mailing Address
7900 N.W. 36 ST. BAY 21 MIAMI FL 33166 US	7900 N.W. 36 ST. BAY 21 MIAMI FL 33166 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/29/1990
3a. Date of Last Report: 06/10/1994

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

4. FEI Number: 65-0213673 ☐ 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

9. Name and Address of Current Registered Agent

SLEWETT, ROBERT D.
767 ARTHUR GODFREY RD
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

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. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☒ Change ☐ Addition
NAME	MARTINEZ, ANGEL A	12 NAME	
STREET ADDRESS	533 SAN SERVANDO	13 STREET ADDRESS	12201 S.W. 69 AVE.
CITY-ST-ZIP	CORAL GABLES FL	14 CITY-ST-ZIP	MIAMI, FL. 33156
TITLE	VST	21 TITLE	☐ Change ☐ Addition
NAME	MAYER, MALCA	22 NAME	
STREET ADDRESS	19500 TURNBERRY WAY 24-E	23 STREET ADDRESS	
CITY-ST-ZIP	TURNBERRY ISLES FL	24 CITY-ST-ZIP	
TITLE	AVPS	31 TITLE	☐ Change ☐ Addition
NAME	MALCA, DAVID M	32 NAME	
STREET ADDRESS	19500 TRNBERRT WAY 24-E	33 STREET ADDRESS	
CITY-ST-ZIP	TURNBERRY ISLES FL	34 CITY-ST-ZIP	
TITLE	AVP	41 TITLE	☐ Change ☐ Addition
NAME	MARTINEZ, MARIA C	42 NAME	
STREET ADDRESS	2253 SW 6 ST	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information contained 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: _____ 3/21/95 **791-9900**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR — Date — Daytime Phone #

MANUEL A. MARTINEZ, PRES.

01B2311 CP