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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M08217

L & S PLUMBING SERVICE, INC.

Principal Place	e of Business	Mailing Address						
6427 N.W. 2019	ST TERRACE	6427 N.W. 201ST TERRACE						
MIAMI FL 33015	5	MIAMI FL 33015			DO NOT WRI	TE IN THIS	SPACE ,	
		•			3. Date Incorporated or Qualifed		3FACE	
	•				11/26/1984		•	,
-2 - Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number		App	lied For
	lace of bookings	26	<u></u>		59-2494217		*	Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.					\$8.75 A	
22		27			5. Certifcate of Status Desired	A	Fee Rec	
City & State		City & State			6. Election Campaign Financing		\$5.00 h	May Be
23		28			Trust Fund Contribution	125	Added to	-
Zip Country		Zip Country		y	8. This corporation owes the curr	ent year Inta	ngible	
24	25	29	30		Personal Property Tax.		☐ Yes [□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New F	tegistered A	gent	
DEL	OADO DIOADDO		8	Name				
	GADO, RICARDO		82	Street Addre	ess (P.O. Box Number is Not Accepta	ıble)		
	85-S.W. 8 TERR.		•		<u> </u>	<u>. 1</u> 9 <u></u>	•123 + 3 + 1.00 z	41 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
MAIM	MI FL 33174		83	1				
	•		. 84	City			85 Zip C	ode
www.tanmag.		and the second second		1		<u> </u>		
tt. Pursuant	to the provisions of Sections 607.0502	and bur 1500, Florida Statute	S, life abo	Ab a same analis	Oldion addition and atatomort for the	t the annoin	tment as rea	istered
office or re agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Flori	ida Statute	S.	on's board of directors. I hereby accept	DATE	unent as reg	
office or re agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flori and title if applicable. (NOTE: I	ida Statute	S.	on's board of directors. I nereby accept d when reinstating): ADDITIONS/CHANGES TO OF	DATE		
office or re agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Flori and title if applicable. (NOTE: I	ida Statute Registered Age	S.	d when reinstating)	DATE		
office or reagent. I as SIGNATURE	m familiar with, and accept the obligati Signature, typed or printed name of registered agent OFFICERS AND	ons of, Section 607.0505, Flori and title if applicable. (NOTE: I D DIRECTORS	Registered Age	S.	d when reinstating) : ADDITIONS/CHANGES TO OF	DATE	D DIRECTOR	RS IN 12
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14. I hereby certify that the information supplied with this filing 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 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90003 014 ***163.75