

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
Tallahassee, Florida 32399-0001

FILED
95 JUL 24 PM 1:25

DOCUMENT # P92000000624 (6)

DADELAND PLUMBING CORPORATION

Principal Office Address: **1940 SW 123RD CT. MIAMI FL 33175**
Mailing Address: **1940 SW 123RD CT. MIAMI FL 33175**

Principal Office City, State, ZIP Code

3. Date Incorporated or Qualified: **10/26/1992** 3a. Date of Last Report: **05/01/1994**
4. FEI Number: **65-0370556** 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 not 85 for purposes of Section 818.001(2)(b) Florida Statutes: Yes No

21. Principal Office City, State, ZIP Code: **MIAMI FL 33175**
22. Mailing Office City, State, ZIP Code: **MIAMI FL 33175**
23. City & State: **MIAMI FL**
24. City & State: **MIAMI FL**

9. Name and Address of Current Registered Agent: **MARTINEZ, LEONARDO 1940 SW 123RD CT. MIAMI FL 33175**
10. Name and Address of New Registered Agent:
B1 Name: _____
B2 Street Address (if O) Box Number, Not Available: _____
B3 _____
B4 City: _____ FL B5 Zip Code: _____

11. Pursuant to the provisions of Sections 607.0902 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 607.0905, Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent required when incorporating) _____ (Signature of Registered Agent required when incorporating)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (N/A)	
1. NAME: D MARTINEZ, LEONARDO	1. TITLE: _____	2. NAME: _____	2. TITLE: _____
2. STREET ADDRESS: 1940 SW 123RD CT.	3. STREET ADDRESS: _____	3. STREET ADDRESS: _____	3. CITY, STATE, ZIP: _____
3. CITY, STATE, ZIP: MIAMI FL 33175	4. CITY, STATE, ZIP: _____	4. CITY, STATE, ZIP: _____	4. CITY, STATE, ZIP: _____
4. NAME: D MUNOZ, JOSE A	5. NAME: _____	5. NAME: _____	5. TITLE: _____
5. STREET ADDRESS: 1940 SW 123RD CT.	6. STREET ADDRESS: _____	6. STREET ADDRESS: _____	6. CITY, STATE, ZIP: _____
6. CITY, STATE, ZIP: MIAMI FL 33175	7. CITY, STATE, ZIP: _____	7. CITY, STATE, ZIP: _____	7. CITY, STATE, ZIP: _____
7. NAME: _____	8. NAME: _____	8. NAME: _____	8. TITLE: _____
8. STREET ADDRESS: _____	9. STREET ADDRESS: _____	9. STREET ADDRESS: _____	9. CITY, STATE, ZIP: _____
9. CITY, STATE, ZIP: _____	10. CITY, STATE, ZIP: _____	10. CITY, STATE, ZIP: _____	10. CITY, STATE, ZIP: _____
10. NAME: _____	11. NAME: _____	11. NAME: _____	11. TITLE: _____
11. STREET ADDRESS: _____	12. STREET ADDRESS: _____	12. STREET ADDRESS: _____	12. CITY, STATE, ZIP: _____
12. CITY, STATE, ZIP: _____	13. CITY, STATE, ZIP: _____	13. CITY, STATE, ZIP: _____	13. CITY, STATE, ZIP: _____
13. NAME: _____	14. NAME: _____	14. NAME: _____	14. TITLE: _____
14. STREET ADDRESS: _____	15. STREET ADDRESS: _____	15. STREET ADDRESS: _____	15. CITY, STATE, ZIP: _____
15. CITY, STATE, ZIP: _____	16. CITY, STATE, ZIP: _____	16. CITY, STATE, ZIP: _____	16. CITY, STATE, ZIP: _____

14. I, the undersigned, certify that the information required with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07, Florida Statutes. I further certify that the information required on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made on a certificate that is an official record of the corporation or the record or books required to be made by Chapter 404, Florida Statutes, and that my name appears on Block A of the Block A form required to be an attachment with this filing.

SIGNATURE: *Leonardo Martinez*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR: **Leonardo Martinez**
DATE: **5/10/95** (305) 227-1635
0190087 CP