FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

APPROVED AND FILED
95 MAY -1 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000028532 (8)

1. Corporation Name
CHOICE MECHANICAL, INC.

Principal Place of Business: 16130 SW 304 ST, HOMESTEAD FL 33033
Mailing Address: 16130 SW 304 ST, HOMESTEAD FL 33033

3. Date Incorporated or Qualified: 04/16/1993
3a. Date of Last Report: 06/17/1994
4. FEI Number: 65-0429533 — 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

2. Principal Place of Business / 2a. Mailing Address — Suite, Apt. #, etc.; City & State; Zip; Country (blank)

9. Name and Address of Current Registered Agent

SALAS, RICHARD
16130 SW 304 ST
HOMESTEAD FL 33033

10. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL 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

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City-St-Zip
P	SALAS, RICHARD	16130 SW 304 ST.	HOMESTEAD FL
ST	SALAS, CARLDAD R	16130 SW 304 ST.	HOMESTEAD FL
VP	SALAS, RICHARD J	16130 SW 304 ST.	HOMETEAD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. (blank — Change / Addition)

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.

SIGNATURE: *Richard Salas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD SALAS

Date: 5/01/95 Daytime Phone: (305) 248-6469

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