

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY -1 PM 2:16

DOCUMENT # P93000061202 (6)

1. Corporation Name

DRIP MAINTENANCES, INC.

Principal Place of Business

267 EAST 44TH STREET  
HIALEAH FL 33013

Mailing Address

267 EAST 44TH STREET  
HIALEAH FL 33013

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/01/1993

3a. Date of Last Report

03/15/1994

4. FBI Number

65-0433372

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

21 998 West 66st

2a. Mailing Address

26 SAME

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Hialeah Fl.

28 City & State

Zip Country

24 33012

25 DADE

29

30

9. Name and Address of Current Registered Agent

GOMEZ, LEONIDES  
267 E. 44TH STREET  
HIALEAH FL 33013

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

|                 |                      |
|-----------------|----------------------|
| TITLE           | PD                   |
| NAME            | GOMEZ, LEONIDES      |
| STREET ADDRESS  | 267 EAST 44TH STREET |
| CITY - ST - ZIP | HIALEAH FL 33013     |
| TITLE           | STD                  |
| NAME            | GOMEZ, MAGALY        |
| STREET ADDRESS  | 267 EAST 44TH STREET |
| CITY - ST - ZIP | HIALEAH FL 33013     |
| TITLE           |                      |
| NAME            |                      |
| STREET ADDRESS  |                      |
| CITY - ST - ZIP |                      |
| TITLE           |                      |
| NAME            |                      |
| STREET ADDRESS  |                      |
| CITY - ST - ZIP |                      |
| TITLE           |                      |
| NAME            |                      |
| STREET ADDRESS  |                      |
| CITY - ST - ZIP |                      |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 11 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12 NAME            |                                                                              |
| 13 STREET ADDRESS  |                                                                              |
| 14 CITY - ST - ZIP |                                                                              |
| 21 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 22 NAME            |                                                                              |
| 23 STREET ADDRESS  |                                                                              |
| 24 CITY - ST - ZIP |                                                                              |
| 31 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 32 NAME            |                                                                              |
| 33 STREET ADDRESS  |                                                                              |
| 34 CITY - ST - ZIP |                                                                              |
| 41 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME            |                                                                              |
| 43 STREET ADDRESS  |                                                                              |
| 44 CITY - ST - ZIP |                                                                              |
| 51 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME            |                                                                              |
| 53 STREET ADDRESS  |                                                                              |
| 54 CITY - ST - ZIP |                                                                              |
| 61 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME            |                                                                              |
| 63 STREET ADDRESS  |                                                                              |
| 64 CITY - ST - ZIP |                                                                              |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

april 25, 1995 305 821-3587