

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90029 046 ***158.75

0216625

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P93000072058**
 1. Corporation Name
A 21 ST. CENTURY PLUMBING CO., INC.



Principal Place of Business: **30 S.W. 59TH COURT MIAMI FL 33144**
 Mailing Address: **30 S.W. 59TH COURT MIAMI FL 33144**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21 S.W. 59 AVE.**
 2a. Mailing Address: **21 S.W. 59 AVE.**
 23. City & State: **MIAMI, FL USA**
 24. Zip: **33144**

3. Date Incorporated or Qualified: **10/18/1993**
 4. FEI Number: **65-0442580**
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
 8. This corporation owes the current year Intangible Personal Property Tax: **Yes** **No**

9. Name and Address of Current Registered Agent
HERRERA, BONI A.
21 S.W. 59TH AVE.
MIAMI FL 33144

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: *Boni Herrera* DATE: **4-12-99**

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	HERRERA, BONI A
STREET ADDRESS	21 S.W. 59TH AVE.
CITY-ST-ZIP	MIAMI FL 33144
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PRESIDENT AND SECRETARY <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HERRERA, BONI A.
1.3 STREET ADDRESS	21 S.W. 59 AVE.
1.4 CITY-ST-ZIP	MIAMI, FL 33144
2.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GUILLERMO HERNANDEZ
2.3 STREET ADDRESS	5125 N.W. 193 TERR.
2.4 CITY-ST-ZIP	MIAMI, FL
3.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	FRANCISCO GARCIA
3.3 STREET ADDRESS	750 N.W. 45 AVE. #23
3.4 CITY-ST-ZIP	MIAMI, FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Boni Herrera* PRESIDENT/SEC. DATE: **4-12-99** DAYTIME PHONE #: **305-267-1880**

CR2E034 (11/98)