Mailing Address



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000070322

1. Corporation Name

Principal Place of Business

ECONOMY ELECTRIC & PLUMBING SUPPLY CORP.

6350 SW 8 STR MIAMI FL 33144 US						DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 09/22/1994				
2. Principal Pl	ace of Business	2a. Mailing Address		_		4. FEI Number	L	+ '	lied For	
21		26				65-0527482	<u>_</u>		Applicable	
Suite, Apt. :	#, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired			\$8.75 Additional Fee Required	
City & State	· ·	City & State				6. Election Campaign Financing Trust Fund Contribution		5.00 N dded to		
Zip 24	Country 25	Zip 29	Country 30			This corporation owes the current year Int Personal Property Tax.	angible Ye		□No	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
				81	Name					
HERNANDEZ, JUAN G 6787 SW 22ND ST				82	Street Addre	dress (P.O. Box Number is Not Acceptable)				
MIAN	AI FL 33155			83						
				84	City	F1	85	Zip C	ode	
office or re agent. I as	egistered agent, or both, in the State n familiar with, and accept the obliga	e of Florida. Such change was at ations of, Section 607.0505, Flor	uthorized rida Statu	tes.	ine corporatio	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoint of the purpose of the p	ıtment	as reg	ıstered	
	Signature, typed or printed name of registered age		13.	-gen	t signature required	ADDITIONS/CHANGES TO OFFICERS AN	אות חוד	ECTO	RS IN 12	
12.		ND DIRECTORS	1.1 TITI			ADDITIONO/OFFAITOED TO OFF TOE/TO	T]Ct		Addition	
TITLE	PTS	DELETE	12 NA					•	_	
NAME	TILIMANDLE, COATE C				ADDRESS					
STREET ADDRESS					ļ					
CITY-ST-ZIP TITLE			1.4 CIT 2.1 TITL	_	-28		□ Ch	nange	Addition	
NAME			22 NA							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		•	2. 4 CIT		i i					
TITLE		☐ DELETE	3.1 TITI				C	hange	Addition	
NAME	*		3.2 NAI	ME						
STREET ADDRESS			3.3 STF	REET	ADDRESS					
C!TY-ST-ZIP			3.4. CIT	ry-s	T-ZIP					
TITLE		☐ DELETE	4.1 TITI	LE				hange	☐ Addition	
NAME			4. 2 NA	ME						
STREET ADDRESS			4.3 STF	REET	ADDRESS				1	
CITY-ST-ZIP			4.4 CIT	Y-\$T	-ZIP					
TITLE		☐ DELETE	5.1 TIT				□c	hange	Addition	
NAME			5.2 NA							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			5.4 CIT		r-ZIP					
TMLE		☐ DELETE	6.1 TIT	LE				hange	☐ Addition	
NAME			6.2 NA							
STREET ADDRESS			6.3 STF	REET	ADDRESS					

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

JUAN G HERNANDEZ-PRESIDENT 01-20-99 (305)267-9190

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90135 028 ***150.00