

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000084851 (2)**

1. Corporation Name

A & B PIPE AND SUPPLY, INC.



Principal Place of Business: **444 BRICKELL AVENUE STE. 300 MIAMI FL 33131**
Mailing Address: **444 BRICKELL AVENUE STE. 300 MIAMI FL 33131**

3. Date Incorporated or Qualified: **11/21/1994**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0562693**
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 (21-24)
2a. Mailing Address (26-30)
22. Suite, Apt. #, etc.
23. City & State
24. Zip Country
26. Suite, Apt. #, etc.
27. City & State
29. Zip Country

9. Name and Address of Current Registered Agent: **MERKIN, STEWART A 444 BRICKELL AVENUE STE. 300 MIAMI FL 33131**
10. Name and Address of New Registered Agent (81-85)
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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: _____ DATE: _____
Signature based on printed name of registered agent as shown, if applicable. (901) Registered Agent signature required when renewing.

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | DS FONDEUR, RALPH 444 BRICKELL AVENUE STE. 300 MIAMI FL 33131 | <input checked="" type="checkbox"/> DELETE | |
| TITLE | DP COLLAZO, ENRIQUE J 444 BIRCKELL AVE. STE. #300 MIAMI FL 33131 | <input type="checkbox"/> DELETE | 1. 1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME: S MERKIN, STEWART A 1.3 STREET ADDRESS: 444 BRICKELL AVE. STE. 300 1.4 CITY - ST - ZIP: MIAMI FL 33131 |
| TITLE | DT KOCHER, ALBERT H 444 BRICKELL AVE. #300 MIAMI FL 33131 | <input type="checkbox"/> DELETE | 2. 1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME: DC COLLAZO, ENRIQUE J. 2.3 STREET ADDRESS: 444 BRICKELL AVE. STE. 300 2.4 CITY - ST - ZIP: MIAMI FL 33131 |
| TITLE | D PRENTICE, HERBERT 444 BRICKELL AVE. #300 MIAMI FL 33131 | <input type="checkbox"/> DELETE | 3. 1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME: D COLLAZO, GUILLERMO C. 3.3 STREET ADDRESS: 444 BRICKELL AVE. STE. 300 3.4 CITY - ST - ZIP: MIAMI FL 33131 |
| TITLE | | <input type="checkbox"/> DELETE | 4. 1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME: DP PHELAN, MICHAEL P. 4.3 STREET ADDRESS: 444 BRICKELL AVE. STE 300 4.4 CITY - ST - ZIP: MIAMI FL 33131 |
| TITLE | | <input type="checkbox"/> DELETE | 5. 1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME: D PEREZ ANTONIO 5.3 STREET ADDRESS: 444 BRICKELL AVE. STE. 300 5.4 CITY - ST - ZIP: MIAMI FL 33131 |
| TITLE | | <input type="checkbox"/> DELETE | 6. 1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME: D ARTAU, EDWARD 6.3 STREET ADDRESS: 444 BRICKELL AVE. STE. 300 6.4 CITY - ST - ZIP: MIAMI FL 33131 |

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 119.07(3)(k), 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: **E. J. Collazo** ENRIQUE J. COLLAZO APR 29 1996 407 368 4886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR D.C. District Phone #

CR2E034 (12/95)