

FROM : Stewart A. Merkin, Esq.

PHONE NO. : 305 358 2490

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # *P94000084851V*

1. Corporation Name
A & B PIPE AND SUPPLY INC.

Principal Place of Business Mailing Address
444 BRICKELL AVE. SUITE 300 444 BRICKELL AVE SUITE 300
RIVERGATE PLAZA RIVERGATE PLAZA
MIAMI FL 33131 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/21/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0562693

Applied For
 Not Applicable

22. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24. Zip

Country

28. Zip

Country

8. This corporation owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MERKIN STEWART A
444 BRICKELL AVENUE STE 300
MIAMI FL 33131

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 607.1506, 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 607.0506, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S DELETE
NAME MERKIN STEWART A.
STREET ADDRESS 444 BRICKELL AVE STE 300
CITY-ST-ZIP MIAMI FL 33131

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DC DELETE
NAME COLLAZO ENRIQUE J.
STREET ADDRESS 444 BRICKELL AVE STE 300
CITY-ST-ZIP MIAMI FL 33131

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DT DELETE
NAME KOCHER ALBERT H.
STREET ADDRESS 444 BRICKELL AVE STE 300
CITY-ST-ZIP MIAMI FL 33131

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME PRENTICE HERBERT
STREET ADDRESS 444 BRICKELL AVE STE 300
CITY-ST-ZIP MIAMI FL 33131

4.1 TITLE Change Addition
4.2 NAME BURGEONIS AUBREY
4.3 STREET ADDRESS 444 BRICKELL AVE STE 300
4.4 CITY-ST-ZIP MIAMI FL 33131

TITLE D DELETE
NAME PEREZ ANTONIO
STREET ADDRESS 444 BRICKELL AVE STE 300
CITY-ST-ZIP MIAMI FL 33131

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D DELETE
NAME ARTAU EDWARD
STREET ADDRESS 444 BRICKELL AVE STE 300
CITY-ST-ZIP MIAMI FL 33131

6.1 TITLE Change 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: *E/Elly. J ENRIQUE J COLLAZO 4/26/99 (305)6915000*