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

PROFIT CORPORATION ANNUAL REPORT



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

1996

P94000085470 (0)

DOCUMENT # P9400085470 (0) 1. Corporation Name NEW SYSTEM PLUMBING, INC.									
Periogral Place of Business 1 13718 SW 90 AVE. APT H MIAMI FL 33176		13	Malang Address 13718 SW 90 AVE. APT H MIAMI FL 33176) 41 111 44 141 84 1 9 1	(816) 81 131	#1#18 1988F # 21 8 1 4 .91	
						3. Date Incorporated or Qualified 11/23/1994	d 3a. Date	04/24/	1995
. Principal Plas	ce of Business		2a. Ma	ailing Address		4. FEI Number 65-0537828			Applied For Not Applicable
Suite, Apl. #,	, etc.		Sui	ite, Apt. #, etc.		5. Certificate of Status Desired			5 Additional Required
City & State			City	ty & State		6. Election Campaign Financing		\$5.0	00 May Be
- Zip - 1	<u> </u>	ountry	28 Zip)	Country	Trust Fund Contribution 8. This corporation has liability for Eleging Statutes.			ed to Fees s 199.032,
<u> </u>	25 9 Name and A	ddress of Current	29 t Registere	ed Agent	30	Florida Statutes Y		Agent	
	ISMAEL SW 90 AVE, AP FL 33176	тн			83	dress (P.O. Box Number is Not Accept	table)		
					84] City		FL	85 2	Zip Code
 Pursuant to 	the provisions of	Sections 607.0502	and 607 15	508 Florida Statu	tes, the above-named coroc	oration submits this statement for the r	nurnose of cha	enging its	registered office
or registere familiar with siGNATURE	d agent, or both, i i, and accept the c	in the State of Florida obligations of, Section make of repliteral agent a	la Such cha on 607.0500 and the it applica	ange was authori 5, Florida Statute	zed by the corporation's boa	oration submits this statement for the p and of directors. I hereby accept the ap and when reinstating)	nurnose of cha	anging its registere	registered offic id agent. I am
or registere familiar with siGNATURE s	d agent, or both, i i, and accept the c	in the State of Florida obligations of, Sectic	la Such cha on 607.0500 and the it applica	ange was authori 5, Florida Statute ar⊭ (N RS	zed by the corporation's box s ion: Ecostered Agent so, after require	ard of directors. I hereby accept the ap	purpose of cha ppointment as DATE DEFICERS AND	policies de la composição de la composiç	ORS IN 12
or registere familiar with SIGNATURE S 2.	d agent, or both, i i, and accept the c	in the State of Florida obligations of, Section manufactured agent a OFFICERS AND	la Such cha on 607.0500 and the it applica	ange was authori 5, Florida Statute	zed by the corporation's box s ioit: Registered Agent signature requirements 13. 1.1 Till LE	ard of directors. I hereby accept the ap	purpose of cha ppointment as DATE DEFICERS AND	registere	ORS IN 12
or registere familiar with siGNATURE s	d agent, or both, i , and accept the c system, spector postor D LEON, ISM/ 13718 SW	In the State of Florida obligations of, Section OFFICERS AND AEL 90 AVE, APT H	la Such cha on 607.0500 and the it applica	ange was authori 5, Florida Statute ar⊭ (N RS	zed by the corporation's box s ion: Ecostered Agent so, after require	ard of directors. I hereby accept the ap	purpose of cha ppointment as DATE DEFICERS AND	policies de la composição de la composiç	ORS IN 12
or registere familier with SIGNATURE S 2	d agent, or both, i , and accept the c synthe, byet or pention D LEON, ISM	In the State of Florida obligations of, Section OFFICERS AND AEL 90 AVE, APT H	la Such cha on 607.0500 and the it applica	ange was authori 5, Florida Statule RS DELETE	22cd by the corporation's boxies 13. 1.1 TILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-SI-ZIP	ard of directors. I hereby accept the ap	purpose of cha ppointment as DATE DEFICERS AND	DIRECT Change	ORS IN 12
or registere familier with SIGNATURE S 2. TEF AME AME TREET ADDRESS (1x-S1-ZiP)	d agent, or both, in, and accept the congress of the congress	in the State of Florida obligations of, Section OFFICERS AND AEL 90 AVE, APT H 13176	la Such cha on 607.0500 and the it applica	ange was authori 5, Florida Statute ar⊭ (N RS	2ed by the corporation's boxis 13. 1.1 TILE 12 NAME 13 STREET ADDRESS 1.4 CHY-SI-ZIP 2.1 TILE	ard of directors. I hereby accept the ap	purpose of cha ppointment as DATE DEFICERS AND	policies de la composição de la composiç	ORS IN 12
or registere familiar with SIGNATURE S. 2.	d agent, or both, i , and accept the c rgust in type for posicio D LEON, ISM/ 13718 SW S MIAMI FL 3 D LEON, FE 13718 SW S	In the State of Florida obligations of, Section Insulating the page a OFFICERS AND AEL 90 AVE, APT H 13176	la Such cha on 607.0500 and the it applica	ange was authori 5, Florida Statule RS DELETE	22cd by the corporation's boxies 13. 1.1 TILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-SI-ZIP	ard of directors. I hereby accept the ap	purpose of cha ppointment as DATE DEFICERS AND	DIRECT Change	ORS IN 12
or registere familiar with SIGNATURE 2ILF -AM: -IRE LADDRESS -ILF-SI-ZIP -ILF -AM: -IRE LADDRESS -ILF-SI-ZIP -ILF-AM: -IRE LADDRESS	d agent, or both, in, and accept the congress of the congress	In the State of Florida obligations of, Section Insulating the page a OFFICERS AND AEL 90 AVE, APT H 13176	la Such cha on 607.0500 and the it applica	ange was authori 5, Florida Statule RS DELETE	22cd by the corporation's boxiss 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-SI-ZIP 2.1 TITLE 2.2 NAME	ard of directors. I hereby accept the ap	purpose of cha ppointment as DATE DEFICERS AND	DIRECT Change	ORS IN 12 Addition
or registere familiar with SIGNATURE 2. -ILF	d agent, or both, i , and accept the c rgust in type for posicio D LEON, ISM/ 13718 SW S MIAMI FL 3 D LEON, FE 13718 SW S	In the State of Florida obligations of, Section Insulating the page a OFFICERS AND AEL 90 AVE, APT H 13176	la Such cha on 607.0500 and the it applica	ange was authori 5, Florida Statule RS DELETE	and by the corporation's boxies 13. 1 Till E 12 NAME 1 3 STREET ADDRESS 14 CHY-SI-ZIP 2 TILE 22 NAME 23 STREET ADDRESS	ard of directors. I hereby accept the ap	purpose of cha ppointment as DATE DEFICERS AND	DIRECT Change	ORS IN 12 Addition
or registere familiar with SIGNA FURE S. 2	d agent, or both, i , and accept the c rgust in type for posicio D LEON, ISM/ 13718 SW S MIAMI FL 3 D LEON, FE 13718 SW S	In the State of Florida obligations of, Section Insulating the page a OFFICERS AND AEL 90 AVE, APT H 13176	la Such cha on 607.0500 and the it applica	ange was authori 5, Florida Statule at* (N) RS DELETE	zed by the corporation's box is 13. 1.1TILE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 1 TILE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 1 TILE 32 NAME	ard of directors. I hereby accept the ap	purpose of cha ppointment as DATE DEFICERS AND	DIRECT Change	ORS IN 12 Addition
or registere familiar with siGNA FURE. 2ILLE -AMEILLE-FURE ADDRESS -ILLE-FURE ADDR	d agent, or both, i , and accept the c rgust in type for posicio D LEON, ISM/ 13718 SW S MIAMI FL 3 D LEON, FE 13718 SW S	In the State of Florida obligations of, Section Insulating the page a OFFICERS AND AEL 90 AVE, APT H 13176	la Such cha on 607.0500 and the it applica	ange was authori 5, Florida Statule at* (N) RS DELETE	zed by the corporation's bodies 13. 1.1TILE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 1 TILE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 1 TILE 32 NAME 33 STREET ADDRESS	ard of directors. I hereby accept the ap	purpose of cha ppointment as DATE DEFICERS AND	DIRECT Change	ORS IN 12 Addition
or registere familiar with SIGNA FURE S 2. The AME TREE FADDRESS on SITE ADDRESS TO SITE ADDRESS TO SITE ADDRESS TO SITE AME TADDRESS TO SITE ADDRESS TO SITE	d agent, or both, i , and accept the c rgust in type for posicio D LEON, ISM/ 13718 SW S MIAMI FL 3 D LEON, FE 13718 SW S	In the State of Florida obligations of, Section Insulating the page a OFFICERS AND AEL 90 AVE, APT H 13176	la Such cha on 607.0500 and the it applica	ange was authori 5, Florida Statule AFA PARENTE DELETE DELETE	zed by the corporation's box is 13. 1.1TILE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TILE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3 1 TILE 32 NAME 33 STREET ADDRESS 3.4 CITY-ST-ZIP	ard of directors. I hereby accept the ap	purpose of cha ppointment as DATE DEFICERS AND	D DIRECT Change Change	ORS IN 12 Addition Addition
or registere familiar with SIGNATURE 2. ILLE AM: ILRE LADDRESS ILLE AM: ILRE LADDRESS ILLE ILRE LADDRESS ILLE ILRE LADDRESS ILLE	d agent, or both, i , and accept the c rgust in type for posicio D LEON, ISM/ 13718 SW S MIAMI FL 3 D LEON, FE 13718 SW S	In the State of Florida obligations of, Section Insulating the page a OFFICERS AND AEL 90 AVE, APT H 13176	la Such cha on 607.0500 and the it applica	ange was authori 5, Florida Statule at* (N) RS DELETE	zed by the corporation's box is 13. 1.1TILE 12 NAME 13 STREET ADDRESS 14 CHY-ST-ZIP 2 1 TILE 22 NAME 23 STREET ADDRESS 24 CHY-ST-ZIP 3 1 TILE 32 NAME 33 STREET ADDRESS 34 CHY-ST-ZIP 4 1 TILE	ard of directors. I hereby accept the ap	purpose of cha ppointment as DATE DEFICERS AND	DIRECT Change	ORS IN 12 Addition Addition
or registere familiar with siGNA LURE 2. THE SAME THE LADDRESS THE SAME	d agent, or both, i , and accept the c rgust in type for posicio D LEON, ISM/ 13718 SW S MIAMI FL 3 D LEON, FE 13718 SW S	In the State of Florida obligations of, Section Insulating the page a OFFICERS AND AEL 90 AVE, APT H 13176	la Such cha on 607.0500 and the it applica	ange was authori 5, Florida Statule AFA PARENTE DELETE DELETE	zed by the corporation's box is 13. 1.1TILE 12 NAME 13 SIREET ADDRESS 14 CHY-SI-ZIP 2 1 TILE 22 NAME 23 SIREET ADDRESS 24 CHY-SI-ZIP 3 1 TILE 32 NAME 33 SIREET ADDRESS 34 CHY-SI-ZIP 4 1 TILE 42 NAME	ard of directors. I hereby accept the ap	purpose of cha ppointment as DATE DEFICERS AND	D DIRECT Change Change	ORS IN 12 Addition Addition
or registere familiar with siGNA LURE 2. THE SAME THE LADDRESS THE STADDRESS	d agent, or both, i , and accept the c rgust in type for posicio D LEON, ISM/ 13718 SW S MIAMI FL 3 D LEON, FE 13718 SW S	In the State of Florida obligations of, Section Insulating the page a OFFICERS AND AEL 90 AVE, APT H 13176	la Such cha on 607.0500 and the it applica	ange was authori 5, Florida Statule AFA PARENTE DELETE DELETE	zed by the corporation's box is 13. 1.1TILE 12 NAME 13 STREET ADDRESS 14 CHY-ST-ZIP 2 1 TILE 22 NAME 23 STREET ADDRESS 24 CHY-ST-ZIP 3 1 TILE 32 NAME 33 STREET ADDRESS 34 CHY-ST-ZIP 4 1 TILE	ard of directors. I hereby accept the ap	purpose of cha ppointment as DATE DEFICERS AND	D DIRECT Change Change	ORS IN 12 Addition Addition
or registere familiar with siGNA LURE 2. THE SAME THE LADDRESS THE SAME THE LADDRESS THE SAME THE LADDRESS THE SAME THE LADDRESS THE SAME THE SAM	d agent, or both, i , and accept the c rgust in type for posicio D LEON, ISM/ 13718 SW S MIAMI FL 3 D LEON, FE 13718 SW S	In the State of Florida obligations of, Section Insulating the page a OFFICERS AND AEL 90 AVE, APT H 13176	la Such cha on 607.0500 and the it applica	ange was authori 5, Florida Statule AFA PARENTE DELETE DELETE	zed by the corporation's box is 13. 1.1TILE 12 NAME 13 SIREET ADDRESS 14 CITY-ST-ZIP 2 1 TITLE 22 NAME 23 SIREET ADDRESS 24 CITY-ST-ZIP 3 1 TITLE 32 NAME 33 SIREET ADDRESS 34 CITY-ST-ZIP 4 1 TITLE 42 NAME 43 SIFEET ADDRESS	ard of directors. I hereby accept the ap	purpose of cha ppointment as DATE DEFICERS AND	D DIRECT Change Change	ORS IN 12 Addition Addition Addition
or registere familiar with siGNA LURE 2. THE SAME THE LADDRESS THE STORE SAME THE LADDRESS TY STORE THE LADDRESS	d agent, or both, i , and accept the c rgust in type for posicio D LEON, ISM/ 13718 SW S MIAMI FL 3 D LEON, FE 13718 SW S	In the State of Florida obligations of, Section Insulating the page a OFFICERS AND AEL 90 AVE, APT H 13176	la Such cha on 607.0500 and the it applica	ange was authori 5. Florida Statute	zed by the corporation's box is 13. 1.1TILE 12 NAME 13 SIREET ADDRESS 14 CHY-SI-ZIP 2 1 TILE 22 NAME 23 SIREET ADDRESS 24 CHY-SI-ZIP 3 1 TILE 32 NAME 33 SIREET ADDRESS 34 CHY-SI-ZIP 4 1 TILE 42 NAME 43 SIREET ADDRESS 44 CHY-SI-ZIP 4 1 TILE 42 NAME 43 SIREET ADDRESS 44 CHY-SI-ZIP	ard of directors. I hereby accept the ap	purpose of cha ppointment as DATE DEFICERS AND	DIRECT Change Change	ORS IN 12 Addition Addition Addition
or registere familiar with a control of the control	d agent, or both, i , and accept the c rgust in type for posicio D LEON, ISM/ 13718 SW S MIAMI FL 3 D LEON, FE 13718 SW S	In the State of Florida obligations of, Section Insulating the page a OFFICERS AND AEL 90 AVE, APT H 13176	la Such cha on 607.0500 and the it applica	ange was authori 5. Florida Statute	zed by the corporation's boxis 13. 1.1TILE 12 NAME 13 SIREET ADDRESS 14 CITY-ST-ZIP 2 1 TITLE 22 NAME 23 SIREET ADDRESS 24 CITY-ST-ZIP 3 1 TITLE 32 NAME 33 SIREET ADDRESS 34 CITY-ST-ZIP 4 1 TITLE 42 NAME 43 SIFEET ADDRESS 44 CITY-ST-ZIP 5.1 TITLE	ard of directors. I hereby accept the ap	purpose of cha ppointment as DATE DEFICERS AND	DIRECT Change Change	ORS IN 12 Addition Addition Addition
or registere familiar with siGNA LURE 2. THE SAME THE LADDRESS THE STORE STORE THE LADDRESS THE STORE THE STO	d agent, or both, i , and accept the c rgust in type for posicio D LEON, ISM/ 13718 SW S MIAMI FL 3 D LEON, FE 13718 SW S	In the State of Florida obligations of, Section Insulating the page a OFFICERS AND AEL 90 AVE, APT H 13176	la Such cha on 607.0500 and the it applica	ange was authorist, Florida Statute ATT PART DELETE DELETE DELETE DELETE DELETE	zed by the corporation's box is 13. 1.1TILE 12 NAME 13 SIREET ADDRESS 14 CITY-ST-ZIP 2 1 TITLE 22 NAME 23 SIREET ADDRESS 24 CITY-ST-ZIP 3 1 TITLE 32 NAME 33 SIREET ADDRESS 34 CITY-ST-ZIP 4 1 TITLE 42 NAME 43 SIFEET ADDRESS 44 CITY-ST-ZIP 5 1 TITLE 52 NAME 53 SIFEET ADDRESS 54 CITY-ST-ZIP 5 1 TITLE 52 NAME 53 SIFEET ADDRESS 54 CITY-ST-ZIP 5 1 TITLE 52 NAME 53 SIFEET ADDRESS 54 CITY-ST-ZIP 5 1 TITLE 52 NAME 53 SIFEET ADDRESS 54 CITY-ST-ZIP	ard of directors. I hereby accept the ap	purpose of cha ppointment as DATE DEFICERS AND	DIRECT Change Change Change	ORS IN 12 Addition Addition Addition Addition
or registere familiar with siGNA LURE 2. THE SAME THE LADDRESS THE SALZIP THE ADDRESS THE SALZIP THE LADDRESS THY STAZIP THE MAN THE LADDRESS THY STAZIP THE SALZIP	d agent, or both, i , and accept the c rgust in type for posicio D LEON, ISM/ 13718 SW S MIAMI FL 3 D LEON, FE 13718 SW S	In the State of Florida obligations of, Section Insulating the page a OFFICERS AND AEL 90 AVE, APT H 13176	la Such cha on 607.0500 and the it applica	ange was authori 5. Florida Statute	zed by the corporation's box 13. 1.1TILE 12 NAME 13 SIREET ADDRESS 14 CITY-ST-ZIP 2 1 TITLE 22 NAME 23 SIREET ADDRESS 24 CITY-ST-ZIP 3 1 TITLE 32 NAME 33 SIREET ADDRESS 34 CITY-ST-ZIP 4 1 TITLE 42 NAME 4.3 SIREET ADDRESS 44 CITY-ST-ZIP 5.1 TITLE 52 NAME 53 SIFEET ADDRESS 54 CITY-ST-ZIP 5.1 TITLE 6.1 TITLE 6.1 TITLE	ard of directors. I hereby accept the ap	purpose of cha ppointment as DATE DEFICERS AND	DIRECT Change Change	ORS IN 12 Addition Addition Addition Addition
or registere familiar with siGNA LURE s. 2. The second se	d agent, or both, i , and accept the c rgust in type for posicio D LEON, ISM/ 13718 SW S MIAMI FL 3 D LEON, FE 13718 SW S	In the State of Florida obligations of, Section Insulating the page a OFFICERS AND AEL 90 AVE, APT H 13176	la Such cha on 607.0500 and the it applica	ange was authorist, Florida Statute ATT PART DELETE DELETE DELETE DELETE DELETE	zed by the corporation's box is 13. 1.1TILE 12 NAME 13 SIREET ADDRESS 14 CITY-ST-ZIP 2 1 TITLE 22 NAME 23 SIREET ADDRESS 24 CITY-ST-ZIP 3 1 TITLE 32 NAME 33 SIREET ADDRESS 34 CITY-ST-ZIP 4 1 TITLE 42 NAME 43 SIFEET ADDRESS 44 CITY-ST-ZIP 5 1 TITLE 52 NAME 53 SIFEET ADDRESS 54 CITY-ST-ZIP 5 1 TITLE 52 NAME 53 SIFEET ADDRESS 54 CITY-ST-ZIP 5 1 TITLE 52 NAME 53 SIFEET ADDRESS 54 CITY-ST-ZIP 5 1 TITLE 52 NAME 53 SIFEET ADDRESS 54 CITY-ST-ZIP	ard of directors. I hereby accept the ap	purpose of cha ppointment as DATE DEFICERS AND	DIRECT Change Change Change	ORS IN 12 Addition Addition Addition Addition
or registere familiar with SIGNATURE s 2	d agent, or both, i , and accept the c rgust in type for posicio D LEON, ISM/ 13718 SW S MIAMI FL 3 D LEON, FE 13718 SW S	In the State of Florida obligations of, Section Insulating the page a OFFICERS AND AEL 90 AVE, APT H 13176	la Such cha on 607.0500 and the it applica	ange was authorist, Florida Statute ATT PART DELETE DELETE DELETE DELETE DELETE	zed by the corporation's box 13. 1.1TILE 12 NAME 13 SIREET ADDRESS 14 CITY-ST-ZIP 2 1 TITLE 22 NAME 23 SIREET ADDRESS 24 CITY-ST-ZIP 3 1 TITLE 32 NAME 33 SIREET ADDRESS 34 CITY-ST-ZIP 4 1 TITLE 42 NAME 4.3 SIREET ADDRESS 44 CITY-ST-ZIP 5.1 TITLE 52 NAME 53 SIFEET ADDRESS 54 CITY-ST-ZIP 5.1 TITLE 6.1 TITLE 6.1 TITLE	ard of directors. I hereby accept the ap	purpose of cha ppointment as DATE DEFICERS AND	DIRECT Change Change Change	ORS IN 12 Addition Addition Addition Addition

SIGNATURE: X