

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

FILED

Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000008883 (7)**

1. Corporation Name
NUNEZ PLUMBING & SPRINKLER SYSTEMS, INC.



Principal Place of Business 8200 SW KENDALL DRIVE MIAMI FL 33156	Mailing Address 8200 SW KENDALL DRIVE MIAMI FL 33136-7327
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3. Date Incorporated or Qualified 02/02/1995	3a. Date of Last Report 04/17/1996
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2. Principal Place of Business 21 2310 NW 189TH AVENUE Suite, Apt. #, etc.	2a. Mailing Address 26 2310 NW 189TH AVENUE Suite, Apt. #, etc.
22 City & State 23 PEMBROKE PINES FL	27 City & State 28 PEMBROKE PINES FL,
24 Zip 33029	25 Country USA
29 Zip 33029	30 Country USA

4. FEI Number 65-0552253	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent NUNEZ, LEONEL 8200 SW KENDALL DRIVE MIAMI FL 33156	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	2310 NW 189TH AVENUE
83	
84 City	PEMBROKE PINES FL
85 Zip Code	33029

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
1. TITLE	PD- <input checked="" type="checkbox"/> DELETE
2. NAME	NUNEZ, LEONEL
3. STREET ADDRESS	8200 SW KENDALL DRIVE
4. CITY- ST- ZIP	MIAMI FL 33156
5. TITLE	DD <input checked="" type="checkbox"/> DELETE
6. NAME	NUNEZ, PILAR
7. STREET ADDRESS	8200 SW KENDALL DRIVE
8. CITY- ST- ZIP	MIAMI FL 33156
9. TITLE	VB- <input checked="" type="checkbox"/> DELETE
10. NAME	URRELY, JOSE
11. STREET ADDRESS	8501 SW 30TH STREET
12. CITY- ST- ZIP	MIAMI FL 33156
13. TITLE	TD <input type="checkbox"/> DELETE
14. NAME	NUNEZ, LEONEL JR
15. STREET ADDRESS	8200 SW KENDALL DRIVE
16. CITY- ST- ZIP	MIAMI FL 33156
17. TITLE	<input type="checkbox"/> DELETE
18. NAME	
19. STREET ADDRESS	
20. CITY- ST- ZIP	
21. TITLE	<input type="checkbox"/> DELETE
22. NAME	
23. STREET ADDRESS	
24. CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	P/V-P/S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	2310 NW 189TH AVENUE
4.4 CITY- ST- ZIP	PEMBROKE PINES FL, 33029
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 do 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.

SIGNATURE:  **Leonel Nunez Jr.** 4/17/97 1-954-204-1190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)