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Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000050086 (3)

1. Corporation Name
PLUMBERS GROUP INC.

Principal Place of Business

5191 NW 74 AVE.
MIAMI FL 33186

Mailing Address

5191 NW 74 AVE.
MIAMI FL 33186-5500



3. Date Incorporated or Qualified
06/12/1996

3a. Date of Last Report

2. Principal Place of Business

21 PLUMBERS GROUP INC.

2a. Mailing Address

26 PLUMBERS GROUP INC.

Suite, Apt. #, etc.

10424 SW 127 CT

Suite, Apt. #, etc.

10424 SW 127 Ct

City & State

23 Miami, FL

City & State

28 Miami, FL

Zip

24 33186

Country

25 Dade

Zip

29 33186

Country

30 Dade

4. FEI Number

65-0679712

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

ALFONSO, JORGE J
5191 NW 74 AVE.
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name

JORGE J. ALFONSO

82 Street Address (P.O. Box Number is Not Acceptable)

10424 SW 127 Ct

83

84 City

Miami,

FL

85 Zip Code

33186

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

Signature (Type or printed name of registered agent and title of corporation)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D
STREET ADDRESS ALFONSO, JORGE J
CITY - ST - ZIP 10424 SW 127 CT.
MIAMI FL 33186

TITLE ☐ DELETE
NAME D
STREET ADDRESS ALFONSO, GERTRUDIS
CITY - ST - ZIP 10424 SW 127 CT.
MIAMI FL 33186

TITLE ☒ DELETE
NAME D
STREET ADDRESS HERNANDEZ, NEMECIO
CITY - ST - ZIP 5001 NW 187 ST.
MIAMI FL 33055

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

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

6.1 TITLE ☐ Change ☐ 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 included 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/97

(305) 383-1413

Daytime Phone #

CR2E034 (9/96)