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

**PROFIT CORPORATION ANNUAL REPORT** 1998 DOCUMENT #
1. Corporation Name B & W PLUMBING, INC.

NAME

STREET ADDRESS

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000084730 (5)

FILED

98 APR 29 PH 2:43

SECHERRAL CHISTATE
TALLARMANIA

Principal Place of Business		Mailing Address		
10265 S.W. 11TH STREET MIAMI FL 33144		6317 S.W. 11TH STREET Miami Fl 33144		DO NOT MOTE IN THE SPACE
				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
				09/29/1997
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For
21		26		65-0787834 Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	25 25 Name and Address of Curre		30	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
. ne		it Hegisteren Agent	81 Name	IV. Hallio alla Addices di Harr Hogistorda Agorii
PEREZ, JUSE A				
6317 S.W. 11TH STREET  MIAMI FL			82 Street Addr	ress (P.O. Box Number is Not Acceptable)
•			83	
			84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, typed or printed name of registered ag	en; and title if applicable (NOTI)	Registered Agent signature requir	red when reinstating) DATE
12,		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTV	DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RIVERO, CARLOS M		1.2 NAME	0000025129602
STREET ADDRESS	10265 S.W. 11TH STREET		1.3 STREET ADDRESS	-05/06/9801036001
CITY-ST-ZIP	MIAMI FL 33144		1.4 CITY-ST-ZIP	****150.00 ****150.00
TITLE	D	DELETE	2.1 TITLE	Change L Addition
NAME •	RIVERO, CARLOS M		2.2 NAME	
STREET ADDRESS	10265 S.W. 11TH STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33144		2 4 CITY-ST-ZIP	
TITLE		DELETE	3 1 TITLE	Change  Addition
NAME			3.2 NAME	
STREET ADDRESS			3 3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change  Addition
NAME			4. 2 NAME	·
STREET ADORESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	
TITLE		DELETE	S 1 TITLE	Change Addition

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 on 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 chapter 607, and that my name appears in Block 12 or Block 13 if chapter 607.

6.4 CITY - S1 - ZIP

CARLOS M. RIVERO

6.2 NAME 6.3 STREET ADDRESS

(305) 596-6424