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FILED

Apr 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # S14935 (8)

1. Corporation Name
ALTERNA PLUMBING SUPPLIES INC.



Principal Place of Business

Mailing Address

13755 SW 42 ST
MIAMI FL 33175
US

13755 SW 42 ST
STE 1
MIAMI FL 33175
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/27/1990

4. FEI Number

65-0296668

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POU, GABRIEL A.
3750 SW 136CT
MIAMI FL 33175

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 607.1508, 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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD
POU, ANTONIO
STREET ADDRESS 2021 S.W. 142ND CT.
CITY-ST-ZIP MIAMI FL

1.1 TITLE ☒ Change ☐ Addition

12 NAME PD
13 STREET ADDRESS POU, Antonio
14 CITY-ST-ZIP 8422 NW 168 terrace
Miami Lakes, FL 33016

TITLE ☐ DELETE

NAME SD
POU, GABRIEL H.
STREET ADDRESS 11807 S.W. 97TH ST.
CITY-ST-ZIP MIAMI FL

2.1 TITLE ☒ Change ☐ Addition

22 NAME SD
23 STREET ADDRESS Gabriel H. POU
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME TD
POU, GABRIEL A.
STREET ADDRESS 14005 S.W. 17TH TERR
CITY-ST-ZIP MIAMI FL

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME TD
3.3 STREET ADDRESS Gabriel A. POU
3.4 CITY-ST-ZIP 3750 SW 136 CT
Miami, FL 33175

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 no address.

SIGNATURE

1/14/98 (30r) 553-4343

CR2E034 (10/97)