

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Wanda B. Mathan
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY - 1 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S78534** (2)
FREDDY PEREZ PLUMBING, INC.

DO NOT WRITE IN THIS SPACE

| | |
|---------------------------------------|---------------------------------------|
| Principal Office Location | Mailing Address |
| 8955 CARIBBEAN BLVD MIAMI FL 33157 | 8955 CARIBBEAN BLVD MIAMI FL 33157 |

| | |
|--|--|
| 3. Date Incorporated or Qualified 09/03/1991 | 3a. Date of Last Report 02/03/1994 |
| 4. FEI Number 65-0280528 | 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 § 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|------------------------------|-----------------------|
| 2. Principal Office Location | 2a. Mailing Address |
| 21. State Apt. # etc. | 26. State Apt. # etc. |
| 22. City & State | 27. City & State |
| 23. Zip | 28. Zip |
| 24. Country | 29. Country |
| 25. Country | 30. Country |

9. Name and Address of Current Registered Agent

PEREZ, FREDDY
8955 CARIBBEAN BLVD
MIAMI 33157

10. Name and Address of New Registered Agent

| | |
|--|-----------|
| 81. Name | |
| 82. Street Address (P.O. Box Number is Not Acceptable) | |
| 83. City | |
| 84. State | FL |
| 85. Zip Code | |

11. Pursuant to the provisions of Sections 602.0500 and 602.1509, 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 hereby accepting to accept the obligations of Section 602.0509, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

| | |
|------------------|----------------------------|
| NAME | D PEREZ, FREDDY |
| STREET ADDRESS | 8955 CARIBBEAN BLVD |
| CITY, STATE, ZIP | MIAMI FL |
| NAME | |
| STREET ADDRESS | |
| CITY, STATE, ZIP | |
| NAME | |
| STREET ADDRESS | |
| CITY, STATE, ZIP | |
| NAME | |
| STREET ADDRESS | |
| CITY, STATE, ZIP | |
| NAME | |
| STREET ADDRESS | |
| CITY, STATE, ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:

| | |
|----------------------|---|
| 1. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | |
| 3. STREET ADDRESS | |
| 4. CITY, STATE, ZIP | |
| 5. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME | |
| 7. STREET ADDRESS | |
| 8. CITY, STATE, ZIP | |
| 9. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME | |
| 11. STREET ADDRESS | |
| 12. CITY, STATE, ZIP | |
| 13. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME | |
| 15. STREET ADDRESS | |
| 16. CITY, STATE, ZIP | |

14. I do hereby certify that the information required with this filing is substantially furnished and does not equally for the corporation stated in law for 1994 (Florida Statutes). I further certify that the information included on this annual report or supplemental annual report is true and complete 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 secretary or the person empowered to execute this report as required by Chapter 602, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 305-252-2745