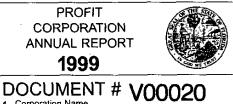
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

A. P. PLUMBING, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90164 044 ***150.00

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Principal Place of Business Mailing Address							
	411 SW 136 AVE 411 SW 136 AVE						
MIAMI FL 33184	MIAMI FL 33184 MIAMI FL 33184			DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifed	J OI NOL		
				12/13/1991		ļ	
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Apr	olied For	
21	1000 01 20011000	26		65-0301519	h	Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			\$8.75 A		
22		27		5. Certifcate of Status Desired	Fee Red	quired	
City & State	e	City & State		6. Election Campaign Financing	\$5.00	May Be	
23	28		Trust Fund Contribution	Added to	,		
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible			
24	25	29	30	Personal Property Tax.	☐Yes	□No	
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registered	J Agent		
			81 Name				
	to, adolfo		82 Street Add	Iress (P.O. Box Number is Not Acceptable)			
	SW 136 AVE		OI DIRECT AGE				
MIAN	A) FL 33184		83				
			84 City		85 Zip C	ode	
			City	Fi			
i office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Florida. Such change was	authorized by the corporat	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appropriate the purpose of th	if changing its i sintment as reg	registered pistered	
SIGNATURE							
	Signature, typed or printed name of registered		TE: Registered Agent signature requir				8
12.		AND DIRECTORS	13	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR Change	RS IN 12 Addition	CR2E034 (11/98)
TITLE	D	☐ DELETE	1.1 TITLE		[] Clialige	[_] Addison	Ξ
NAME	PORTO, ADOLFO		1.2 NAME			·	පූ
STREET ADDRESS			1.3 STREET ADDRESS				2
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NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS			}	
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE	-	☐ DELETE	6.1 TITLE		☐ Change	☐ Addition	
NAME			6.2 NAME	¥*			
STREET ADDRESS			6.3 STREET ADDRESS				
	1						

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 of 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR