FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 11:20

DOCUMENT # V27305 (4)

1. Corporation Name
PLUMBERS R US, CORP.

Principal Place of Business	Mailing Address
15300 S.W. 81 LANE MIAMI FL 33193	15300 S.W. 81 LANE MIAMI FL 33193

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/09/1992
3a. Date of Last Report: 08/02/1994

2. Principal Place of Business
21
Suite, Apt. #, etc. 22: 6191 NW 74 Ave
City & State 23: Miami FL
Zip 24: 33166 Country 25:

2a. Mailing Address
26
Suite, Apt. #, etc. 27: 5191 NW 74 Ave
City & State 28: MIAMI FL
Zip 29: 33166 Country 30:

4. FEI Number: 65-0433467 ☐ 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.
~~15300 S.W. 81 LANE~~
~~MIAMI FL 33193~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 10424 SW 127 Ct.
83
84 City: Miami, FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	DP	☒ Change ☐ Addition
NAME	ALFONSO, JORGE J.	12 NAME	Alfonso, Jorge J.	
STREET ADDRESS	~~15300 S.W. 81 LANE~~	13 STREET ADDRESS	10424 SW 127 Ct	
CITY-ST-ZIP	~~MIAMI FL~~	14 CITY-ST-ZIP	Miami FL 33186	
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	HERNANDEZ, NEMECIO	22 NAME		
STREET ADDRESS	5001 NW 187 ST.	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33055	24 CITY-ST-ZIP		
TITLE	ST	31 TITLE	ST	☒ Change ☐ Addition
NAME	ALFONSO, GERTRUDIS	32 NAME	Alfonso, Gertrudis	
STREET ADDRESS	~~15300 SW 81 LANE~~	33 STREET ADDRESS	10424 SW 127 CT	
CITY-ST-ZIP	~~MIAMI FL 33193~~	34 CITY-ST-ZIP	Miami FL 33186	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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: Jorge J. Alfonso 9/29/95 (305) 715-9883
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN — Date — Daytime Phone #

000477(CP