

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER H. MANLEY
COMMISSIONER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **V48200** (2)

95 MAY -1 AM 11:51

STATE PLUMBING CONTRACTOR INC.

25 E. 4TH STREET
MIAMI FL 33010

3. Date of expiration of last term: **07/07/1992**
3a. Date of last filing: **05/01/1994**

2. Principal office or principal place of business: 10002 NW 13451	26. Mailing Address:	4. Filing number: 59-1515618	Approved Date: _____ Not Applicable
22. City: Mialeah Fl	27. State: Fl	5. Certificate of Status (Fees): <input type="checkbox"/>	\$8.75 Additional Fee Required
23. County: Dade	28. City: _____	6. Election Campaign Financing: <input type="checkbox"/>	\$5.00 May Be Added in Fees
24. State: FL	29. State: FL	8. This corporation is organized for the purpose of conducting business in the State of Florida: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	

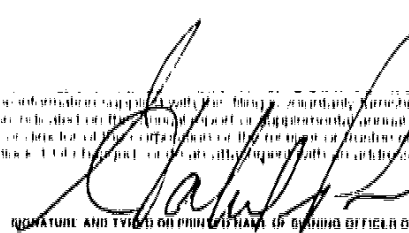
9. Name and Address of Current Registered Agent: POU, GABRIEL A. 14005 S.W. 142ND CT. MIAMI FL 33175	10. Name and Address of New Registered Agent: 81. Name: _____ 82. Street Address (P.O. Box Number is Not Acceptable): _____ 83. _____ 84. City: _____
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11. I declare that the provisions of Sections 607.01(2) and 607.1409, Florida Statutes, have been read and that I understand the contents of this statement for the purpose of changing the registered office of this corporation to the office in the State of Florida. I hereby certify that the information furnished in this report is true and correct to the best of my knowledge and belief and that the information is true and correct to the best of my knowledge and belief.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
NAME: D POU, ANTONIO STREET ADDRESS: 2021 S.W. 142ND CT. CITY: MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Add/Res
NAME: D POU, GABRIEL H. STREET ADDRESS: 11807 S.W. 97 STREET CITY: MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Add/Res
NAME: D POU, GABRIEL A. STREET ADDRESS: 14005 S.W. 17TH TERR. CITY: MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Add/Res
NAME: _____ STREET ADDRESS: _____ CITY: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add/Res
NAME: _____ STREET ADDRESS: _____ CITY: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add/Res
NAME: _____ STREET ADDRESS: _____ CITY: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add/Res
NAME: _____ STREET ADDRESS: _____ CITY: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add/Res
NAME: _____ STREET ADDRESS: _____ CITY: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add/Res

14. I declare that the information supplied by me in this statement, returns and fees are true and correct for the corporation of Florida. I have read the Florida Statutes and I hereby certify that the information furnished in this report is true and correct to the best of my knowledge and belief and that the information is true and correct to the best of my knowledge and belief.

SIGNATURE:  2/31/95 819-5010