

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **V54143** (5)
1. Corporation Name
MEGA PLUMBING CORP.

APPROVED
AND
FILED

MAY - 1 AM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **1401 SOUTHWEST 1ST STREET SUITE 205 MIAMI FL 33135**
Mailing Address: **1401 SOUTHWEST 1ST STREET SUITE 205 MIAMI FL 33135**

3. Date incorporated or Qualified: **07/27/1992**
3a. Date of Last Report: **08/30/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0366983	Not Applicable
22. State, Apt # etc	27. State, Apt # etc	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	29. Zip	30. Country	7. This corporation has liability for intangible tax under § 199.009 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent										
MUNILLA, PEDRO R. 1401 SOUTHWEST 1ST STREET SUITE 205 MIAMI FL 33135	<table border="1"> <tr> <td>81. Name</td> <td></td> </tr> <tr> <td>82. Street Address (P.O. Box Number is Not Acceptable)</td> <td></td> </tr> <tr> <td>83. City</td> <td></td> </tr> <tr> <td>84. State</td> <td>FL</td> </tr> <tr> <td>85. Zip Code</td> <td></td> </tr> </table>	81. Name		82. Street Address (P.O. Box Number is Not Acceptable)		83. City		84. State	FL	85. Zip Code	
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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 607.0122 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Print Name of Registered Agent) _____ (Print Name of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: D. MUNILLA, PEDRO R.	12.1 STREET ADDRESS: 1401 S.W. FIRST STREET STE. #206	13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.1 CITY, ST, ZIP: MIAMI FL 33135		13.1 STREET ADDRESS	
12.2 NAME: P. MUNILLA, RAUL	12.2 STREET ADDRESS: 1401 SW 1ST ST #210	13.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 CITY, ST, ZIP: MIAMI FL		13.2 STREET ADDRESS	
12.3 NAME	12.3 STREET ADDRESS	13.3 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 CITY, ST, ZIP		13.3 STREET ADDRESS	
12.4 NAME	12.4 STREET ADDRESS	13.4 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 CITY, ST, ZIP		13.4 STREET ADDRESS	
12.5 NAME	12.5 STREET ADDRESS	13.5 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 CITY, ST, ZIP		13.5 STREET ADDRESS	
12.6 NAME	12.6 STREET ADDRESS	13.6 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 CITY, ST, ZIP		13.6 STREET ADDRESS	
12.7 NAME	12.7 STREET ADDRESS	13.7 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 CITY, ST, ZIP		13.7 STREET ADDRESS	

14. I, the undersigned, certify that the information supplied with this filing is truthfully furnished and does not qualify for the exemption stated in Sections 190.01(3)(b) 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 in person. That I am an officer or director of the corporation or an officer or member of the board of trustees or a partner or proprietor of the corporation as required by Chapter 190, Florida Statutes, and that my name appears in Block 12 of Block 11 of this report on an attached form with an address.

SIGNATURE: *[Signature]* **RAUL MUNILLA** 4/29/95 (305) 541-6869
SIGNATURE AND TYPE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR