SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # V58425 (2)

1. Corporation Name
DAVID LUIS PLUMBING INC.

Principal Place of Business	Mailing Address
7922 W 29TH WAY #202 HIALEAH FL 33016	7922 W 29TH WAY #202 HIALEAH FL 33016

3. Date Incorporated or Qualified: 08/17/1992
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 9798 NW. 127 TR.	26 9798 NW. 127 TR.
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.
23 City & State: Hialeah Gardens, Fl.	28 City & State: Hialeah Gardens, Fl
24 Zip: 33016 25 Country: U.S	29 Zip: 33016 30 Country: U.S.

4. FEI Number: 65-0369178 — 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

GONZALEZ, ISABEL
7922 W 29TH WAY #202
HIALEAH FL 33016

10. Name and Address of New Registered Agent

81 Name: Isabel Gonzalez
82 Street Address (P.O. Box Number is Not Acceptable): 9798 NW 127 TR.
83
84 City: Hialeah Gardens, FL 85 Zip Code: 33016

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: Gonzalez 8/5/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, ISABEL		12 NAME	
STREET ADDRESS	7922 W 29TH WAY #202		13 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL		14 CITY-ST-ZIP	
TITLE	DTV	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, LUIS		22 NAME	
STREET ADDRESS	7922 W 29TH WAY #202		23 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL		24 CITY-ST-ZIP	
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (3/96)

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)(k), 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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gonzalez 8/5/96 827-3816
SIGNATURE AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0023678 CP