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
7922 W 29TH WAY #202
HIALEAH FL 33016

Mailing Address
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
21 9798 NW. 127 TR.
22 Suite, Apt. #, etc
23 City & State: Hialeah Gardens, Fl.
24 Zip: 33016
25 Country: U.S

2a. Mailing Address
26 9798 NW. 127 TR.
27 Suite, Apt. #, etc.
28 City & State: Hialeah Gardens, Fl
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 — Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required whether new or old) — Date: 8/5/96

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	GONZALEZ, ISABEL	
STREET ADDRESS	7922 W 29TH WAY #202	
CITY-ST-ZIP	HIALEAH FL	
TITLE	DTV	☐ DELETE
NAME	GONZALEZ, LUIS	
STREET ADDRESS	7922 W 29TH WAY #202	
CITY-ST-ZIP	HIALEAH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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

CR2E034 (3/96)

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