FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1998	**FLORIDA DEPARTMENT OF STATE** **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V61892 (8)

1. Corporation Name

EXCEL PLUMBING SERVICES, INC.

Principal Place of Business	Mailing Address
9261 S.W. 85 STREET MIAMI FL 33173	9261 S.W. 85 STREET MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/04/1992

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	**26**	**65-0354153**	Not Applicable
Suite, Apt. #, etc. **22**	Suite, Apt. #, etc. **27**	**5.** Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State **23**	City & State **28**	**6.** Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip **24**	Country **25**	Zip **29**	Country **30**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ■ Yes ☐ No

9. Name and Address of Current Registered Agent	**10.** Name and Address of New Registered Agent
PEREZ, CARLOS 9261 S.W. 85 ST. MIAMI FL 33173	**81** Name **82** Street Address (P.O. Box Number is Not Acceptable) **83** **84** City FL **85** Zip Code

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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **PST**	☐ DELETE	1.1 TITLE	☐ Change ■ Addition
NAME **PEREZ, CARLOS**		1.2 NAME *Severio Ramirez*	
STREET ADDRESS **9261 S.W. 85 ST.**		1.3 STREET ADDRESS *1350 West 29th street Apt 2*	
CITY-ST-ZIP **MIAMI FL**		1.4 CITY-ST-ZIP *Hialeah FL 33012*	
TITLE **T**	☐ DELETE	2.1 TITLE	■ Change ☐ Addition
NAME **TELLERIA, LEONEL**		2.2 NAME *Leonel Telleria*	
STREET ADDRESS **350 EAST 21 STREET APT. #210**		2.3 STREET ADDRESS *6460 West 27th ct Apt 12*	
CITY-ST-ZIP **HIALEAH FL**		2.4 CITY-ST-ZIP *Hialeah, FL 33016*	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

(305) 273-1138