

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000065618 (9)

1. Corporation Name
ALUMAWELD, INC.

Principal Place of Business
**6130 VAN BUREN ST
HOLLYWOOD FL 33023**

Mailing Address
**6130 VAN BUREN ST
HOLLYWOOD FL 33023**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/21/1993** 3a. Date of Last Report **11/22/1994**
4. FEI Number **65-0438149** 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. 193.032, Florida Statutes Yes No

2. Principal Place of Business
21. State, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country

2a. Mailing Address
26. State, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. Country

9. Name and Address of Current Registered Agent

**MURILLO, SHERISE L
1600 NORTH 28TH COURT
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0012 and 607.15, of 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 607.001, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE **P**
2. NAME **MURILLO, MICHAEL E**
3. STREET ADDRESS **1600 N. 28 COURT**
4. CITY, ST, ZIP **HOLLYWOOD FL 33020**
5. TITLE **ST**
6. NAME **MURILLO, SHERISE L**
7. STREET ADDRESS **1600 N. 28 COURT**
8. CITY, ST, ZIP **HOLLYWOOD FL 33020**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE Change Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP Change Addition
5. TITLE Change Addition
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP Change Addition
9. NAME
10. STREET ADDRESS
11. CITY, ST, ZIP Change Addition
12. NAME
13. STREET ADDRESS
14. CITY, ST, ZIP Change Addition
15. NAME
16. STREET ADDRESS
17. CITY, ST, ZIP Change Addition

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*****200.00**

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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)(a), 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 registrar or transfer corporation to receive this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changes to or additions to Block 12 with an asterisk.

SIGNATURE: *Murillo Sherise L Murillo* **4/1/96** **925-4758**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **TREASURER**