

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

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May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000091229 (2)

1. Corporation Name
BMZ GENERATORS & WELDERS, INC.



Principal Place of Business
408 N. FEDERAL HIGHWAY
POMPANO BEACH FL 33062

Mailing Address
408 N. FEDERAL HIGHWAY
POMPANO BEACH FL 33062-4312

3. Date Incorporated or Qualified: 12/15/1994
3a. Date of Last Report: 04/29/1996

2. Principal Place of Business
21 418 N. Federal Highway
Suite, Apt. #, etc.
22 Pompano Beach, FL
City & State
23 33062
Zip
Country

2a. Mailing Address
26 418 N. Federal Highway
Suite, Apt. #, etc.
27 Pompano Beach FL
City & State
28 33062
Zip
Country

4. FEI Number: 65-0547495
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
PEREIRA, FERNANDO F
408 N. FEDERAL HIGHWAY
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent
81 Name: PEREIRA FERNANDO F.
82 Street Address (P.O. Box Number is Not Acceptable): 418 N. Federal Highway
83
84 City: Pompano Beach, FL
85 Zip Code: 33062

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: _____ DATE: _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PEREIRA, FERNANDO F	
STREET ADDRESS	408 N. FEDERAL HIGHWAY	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	PEREIRA, ROSELY A	
STREET ADDRESS	408 N. FEDERAL HIGHWAY	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Rosely Pereira* ROSELY PEREIRA 4/25/97 (954) 786-8233

CR2E034 (9/96)