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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000029636

1. Corporation Name

MATTOS WELDING, INC.

Principal Place of Business

Mailing Address

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90040 028 ***150.00

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1444 SW 12TH POMPANO BEAT		1444 SW 12TH AVENUE POMPANO BEACH FL 33089	·	DO NOT WRITE IN THE 3. Date Incorporated or Qualifed 03/31/1998	S SPACE	$\frac{1}{2}$	
	ace of Business S.W. III, VERRACE	2a. Mailing Address 26 / 450 S.W /	ITH YEARACE	4. FEI Number - 0636823		lied For Applicable	
Suite, Apt. /	#, etc.	Suite, Apt. #, etc.		=5.= Certificate of Status Desired	\$8.75 Ac		
23 PE 7 F	gub BEACH, FL	28 For PANU B	SMCH, FC	6. Election Campaign Financing Trust Fund Contribution	\$5.00 N Added to		
Z 3300	69 Country A.	29 33069 30	Country	This corporation owes the current year I Personal Property Tax.	☐ Yes [□No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81. Name and Address of New Registered Agent							
CORPORATION SERVICE COMPANY 1201 HAYS STREETS TALLAHASSEE FL 92301-2525 83						•	
			84 City	RAG SPOINTS F	85 Zip C	0%5	
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	Ignature typed or printed name of egistered agent a	od title if applicable (NOTE: Rec	gistered Agent signature require	MA//ED 4/20/	99	\	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTOR	RS IN 12 S	
TITLE	D	☐ DELETE	1.1 TITLE	7	Change	☐ Addition }	
NAME	DE MATTOS, VALDECY R		1.2 NAME	AME	•	1 2	
STREET ADDRESS	12265 ROYAL PALM BLVD.		1.3 STREET ADDRESS	AME		200	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		1.4 CITY-ST-ZIP	HAVE	ς γ	5	
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j	846 TWIN LAKES DR)	2.3 STREET ADDRESS	AME		}	
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NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS			ţ	
CITY-ST-ZIP	•		6.4 CITY-ST-ZIP				

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 lam 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, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #