

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

96 MAY -1 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **464784** (8)

1. Corporation Name

PROFESSIONAL WELDING, INC.



Principal Place of Business

Mailing Address

**1036 SW FIRST ST
MIAMI FL 33130
US**

**1036 SW FIRST ST
MIAMI FL 33130
US**

2. Principal Place of Business

21 **2300 CORAL WAY**

2a. Mailing Address

26 **2300 CORAL WAY**

3. Date Incorporated or Qualified

11/08/1974

3a. Date of Last Report

04/27/1995

4. FEI Number

59-1578457

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **MIAMI FLORIDA,**

City & State

28 **MIAMI FLORIDA,**

Zip

24 **33145**

Country

25 **US.**

Zip

29 **33145**

Country

30 **US.**

9. Name and Address of Current Registered Agent

**FLORIDA ANNUAL REPORT SERVICES INC.
1036 S.W. 1 ST.
MIAMI FL 33130**

10. Name and Address of New Registered Agent

81 Name
FLORIDA ANNUAL REPORT SERVICES, INC.

82 Street Address (P.O. Box Number is Not Acceptable)
2300 CORAL WAY SUITE # 200

83

84 City
MIAMI

FL

85 Zip Code
33145

11. Pursuant to the provisions of Sections 607.0602 and 607.0608, 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 607.0605, Florida Statutes.

SIGNATURE

AMADA CANTERA LOPEZ, PRES

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
**P
QUINTERO, ENRIQUE J.**
STREET ADDRESS
675 NW 5 ST
CITY-STATE-ZIP
MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP
**800001813488
-05/08/96--01063--024
****200.00 ****200.00**

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Enrique J. Quintero

4/30/94

CR2E034 (12/95)