

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Apr 05 1996 8:00 am  
Secretary of State

DOCUMENT # **F17934** (3)

1. Corporation Name

**P & M WELDING SUPPLY, INC.**

Principal Place of Business

**7114 N.W. 72 AVENUE  
MIAMI FL 33166**

Meeting Address

**7114 N.W. 72 AVENUE  
MIAMI FL 33166**



2. Principal Place of Business

21 State, Apt #, etc

22 City & State

23 Zip Country

24

2a. Meeting Address

26 State, Apt #, etc

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified  
**02/11/1981**

3a. Date of Last Report  
**01/24/1995**

4. FE Number  
**59-2054756**

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

**MAU, MARCOS A.  
11733 S.W. 112 TERR.  
MIAMI FL 33186**

10. Name and Address of New Registered Agent

81 Name **Mau, Marcos A.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**7414 S.W. 129th Ct**  
83  
84 City **Miami** FL 85 Zip Code **33183**

11. Pursuant to the provisions of Sections 607.021 and 607.022, Florida Statutes, this 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 will be governed 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 607.021, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	<b>PT</b>	<input type="checkbox"/> DELETE
NAME	<b>MAU, MARCOS A.</b>	
STREET ADDRESS	<b>7414 SW 129TH CT.</b>	
CITY, STATE, ZIP	<b>MIAMI, FL 0</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>FERNANDEZ, PEDRO M.</b>	
STREET ADDRESS	<b>3037 S.W. 21 TERR.</b>	
CITY, STATE, ZIP	<b>MIAMI, FL 0</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	<b>33183</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	<b>33183</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

14. I do hereby certify that the information supplied is true, that I am a director, officer or shareholder of the corporation and qualify for the exemption stated in Section 119.073(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or supplemental report with the following:

SIGNATURE: *Marcos A. Mau*  
SIGNATURE AND TITLED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/24/96* **305-884-3787**

CR2E034 (12/95)