

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

CORPORATION
ANNUAL REPORT
1995



STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

DOCUMENT # F94000002301 (9)

50 MAY -1 AM 8:00

WELSTEEL, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C/O A. L. BINDERGLASS CPA
1000 CLIFTON AVENUE
CLIFTON NJ 07013

C/O A. L. BINDERGLASS CPA
1000 CLIFTON AVENUE
CLIFTON NJ 07013

DO NOT WRITE IN THIS SPACE

2. Name of Corporation		2a. Mailing Address		3. Date of Incorporation		3a. Type of Corporation	
21		26		05/04/1994			
22. Number of Shares		27. Number of Shares		4. Filer Number		Applied For	
22		27		22-2066122		Not Applicable	
23. State of Incorporation		28. State of Incorporation		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		28		[]		[]	
24. State of Residence		29. State of Residence		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24		29		[]		[]	
25. State of Principal Office		30. State of Principal Office		9. Does corporation have any foreign subsidiaries?		[] Yes [] No	
25		30		From its Statutes		[] Yes [] No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WELDON, JAMES 2400 NW 92ND AVENUE MIAMI FL 33172				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				FL 85. Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.0504, 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 607.0504, Florida Statutes.

SIGNATURE

Signature of Agent (Print Name and Title of Agent in Full)

Signature of Registered Agent (Print Name and Title of Agent in Full)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. NAME	PC	1. NAME	[] Change [] Addition		
2. NAME	WELDON, JAMES	2. NAME			
3. STREET ADDRESS	2400 NW 92ND AVENUE	3. STREET ADDRESS			
4. CITY, ST., ZIP	MIAMI FL 33172	4. CITY, ST., ZIP			
5. NAME		5. NAME	[] Change [] Addition		
6. NAME		6. NAME			
7. STREET ADDRESS		7. STREET ADDRESS			
8. CITY, ST., ZIP		8. CITY, ST., ZIP			
9. NAME		9. NAME	[] Change [] Addition		
10. NAME		10. NAME			
11. STREET ADDRESS		11. STREET ADDRESS			
12. CITY, ST., ZIP		12. CITY, ST., ZIP			
13. NAME		13. NAME	[] Change [] Addition		
14. NAME		14. NAME			
15. STREET ADDRESS		15. STREET ADDRESS			
16. CITY, ST., ZIP		16. CITY, ST., ZIP			

14. I, the undersigned, certify that the information supplied in this filing is voluntarily furnished and is true and correct, and that the undersigned is qualified to be the registered agent for the corporation. I further certify that the information contained on this report is supplemental annual report, true and correct, and that the undersigned has the authority to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1 of the report as the registered agent for the corporation.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF DINING OFFICER OR DIRECTOR

James Weldon

4/24/95