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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G58698

1. Corporation Name

NORTH DADE WELDING SERVICE, INC.

Principal Place of Business	Mailing Address
% FREDERICK J. RAMIREZ 2048 NE 154 ST N. MIAMI BEACH FL 33162-6024	% FREDERICK J. RAMIREZ 2048 NE 154 ST N. MIAMI BEACH FL 33162-6024

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 N. DADE WELDING SER		26 SUITE, APT. #, ETC.		09/08/1983	
22 1950 N.E. 154 ST		27 CITY & STATE		4. FEI Number	
23 N. MIA BCH FL		28 ZIP		59-2379537	
24 33162		29 DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 DADE		30 FL		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
26 33162		27 DADE		7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RAMIREZ, FREDERICK J. 2048 NE 154 ST N. MIAMI BEACH FL		81 Name IRA R. SHAPIRO, P.A.	
		82 Street Address (P.O. Box Number is Not Acceptable) 16375 N.E. 18 AVE	
		83 BAYLEE EXECUTIVE CENTER SUITE 225	
		84 City N. MIA BCH. FL FL 85 Zip Code 33162	

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 *[Signature]* 3-17-99 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	CATALDO, DENNIS VITO	1.2 NAME	CATALDO DENNIS VITO
STREET ADDRESS	2048 NE 154 ST	1.3 STREET ADDRESS	1950 NE 154 ST
CITY-ST-ZIP	N. MIAMI BEACH FL	1.4 CITY-ST-ZIP	N. MIA BCH FL
TITLE	VD	2.1 TITLE	VD
NAME	CATALDO, MADELINE	2.2 NAME	CATALDO MADELINE
STREET ADDRESS	2048 NE 154 ST	2.3 STREET ADDRESS	1950 NE 154 ST
CITY-ST-ZIP	N. MIAMI BEACH FL	2.4 CITY-ST-ZIP	N. MIA BCH FL
TITLE	STD	3.1 TITLE	STD
NAME	CATALDO, BARRY EVALT	3.2 NAME	FRITZL LISA
STREET ADDRESS	2048 NE 154 ST	3.3 STREET ADDRESS	1950 NE 154 ST
CITY-ST-ZIP	N. MIAMI BEACH FL	3.4 CITY-ST-ZIP	N. MIA BCH FL
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 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, with all other like empowered.

SIGNATURE: *[Signature]* V/D
 MADELINE L. CATALDO

1-13-99 (305) 947-9378
 Date Daytime Phone #

CR2E034 (11/98)