

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

**FILED**  
**Feb 09 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G62844 (7)**  
 1. Corporation Name  
**ORAMAS AND LEBBAD WELDING CORPORATION**

Principal Place of Business <b>601 W 27 ST HIALEAH FL 33010</b>	Mailing Address <b>601 W 27 ST HIALEAH FL 33010</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/23/1983</b>	
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	4. FEI Number <b>59-2340022</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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			
<b>LEBBAD, SAMI</b> <b>19447 NW 28 PLACE</b> <b>CAROL CITY FL 33056</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	LEBBAD, SAMI		12 NAME				
STREET ADDRESS	19447 NW 28 PLACE		13 STREET ADDRESS				
CITY-ST-ZIP	CAROL CITY FL		14 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ORAMAS, SATURNINO		22 NAME				
STREET ADDRESS	155 W. 11ST APT 10		23 STREET ADDRESS				
CITY-ST-ZIP	HIALEAH FL		24 CITY-ST-ZIP				
TITLE	STD	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	LEBBAD, CARIDAD		32 NAME				
STREET ADDRESS	19447 NW 28 PLACE		33 STREET ADDRESS				
CITY-ST-ZIP	HIALEAH FL		34 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			42 NAME				
STREET ADDRESS			43 STREET ADDRESS				
CITY-ST-ZIP			44 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			52 NAME				
STREET ADDRESS			53 STREET ADDRESS				
CITY-ST-ZIP			54 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			62 NAME				
STREET ADDRESS			63 STREET ADDRESS				
CITY-ST-ZIP			64 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.

SIGNATURE: X *Saturnino Sami VD* **2-2-98 (305) 887-8281**

CR2E034 (10/97)