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Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L73655 (7)

1. Corporation Name
ROTA WELDING SUPPLY EXP & IMP INC.



Principal Place of Business
C/O RAFAEL OSCAR TREJO
7209 NW 79TH TERRACE
MEDLEY FL 33166

Mailing Address
C/O RAFAEL OSCAR TREJO
7209 NW 79TH TERRACE
MEDLEY FL 33166-2209

3. Date Incorporated or Qualified 05/17/1990	3a. Date of Last Report 03/18/1996
4. FEI Number 65-0225044	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent
TREJO, RAFAEL OSCAR
8376 NW 54TH ST.
MIAMI FL 33166
6282 N.W. 74 Terr.
PARKLAND, FL. 33067

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code
FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	TREJO, RAFAEL OSCAR	1.2 NAME	TREJO, RAFAEL OSCAR
STREET ADDRESS	8357 NW 54TH ST.	1.3 STREET ADDRESS	6282 N.W. 74 TERR.
CITY-STATE-ZIP	MIAMI FL	1.4 CITY-STATE-ZIP	PARKLAND, FL. 33067
TITLE	DS	2.1 TITLE	DS
NAME	TREJO, GLORIA	2.2 NAME	TREJO, GLORIA
STREET ADDRESS	8357 NW 54TH ST.	2.3 STREET ADDRESS	6282 N.W. 74 TERR.
CITY-STATE-ZIP	MIAMI FL	2.4 CITY-STATE-ZIP	PARKLAND, FL. 33067
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: Gloria E. Trejo 1/14/97 305-406-2977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)