

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M04662** (6)

1. Corporation Name

R.D.S. MACHINE AND WELDING CORP.



Principal Place of Business

**1240 OPA LOCKA BLVD
OPA LOCKA FL 33054-3962**

Mailing Address

**1240 OPA LOCKA BLVD
OPA LOCKA FL 33054-3962**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
08/31/1984

3a. Date of Last Report
02/20/1995

4. FEI Number
59-2499429

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

10. Name and Address of New Registered Agent

**RODRIGUEZ, FRANCISCO
10 E 44 ST
HIALEAH FL 33013**

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 607.1508, 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 of type 3 or printed name of registered agent and state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
1. PTD
RODRIGUEZ, FRANCISCO
10 E 44 ST
HIALEAH FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
2. V.S.D.
MARIA A. RODRIGUEZ
10 E 44 ST.
HIALEAH, FL. ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
3. ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
4. ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
5. ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
6. ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

2. 1. TITLE ☐ Change ☒ Addition
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
VSD
MARIA A. RODRIGUEZ
10 E 44 ST.
HIALEAH, FL.

3. 1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

4. 1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

5. 1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

6. 1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANCISCO RODRIGUEZ

Pres.

2/15/96

Date

205-769-9673

Daytime Phone #

CR2E034 (12/95)