


FILED
Feb 10, 1999 8:00am
Secretary of State

[illegible]

DO NOT WRITE IN THIS SPACE

<div>PROFIT CORPORATION ANNUAL REPORT 1999</div>		<div>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</div>		<div>Feb 10, 1999 8:00am Secretary of State</div>																																																																																																																																					
<div>DOCUMENT # M12089</div> <div>1. Corporation Name GOLD DUST WELDING & MACHINE SHOP INC</div>				<div>60-10-1999 90017 043 ****150.00</div> <div></div>																																																																																																																																					
<div>Principal Place of Business 426 NW 9TH AVE. HOMESTEAD FL 33030</div>		<div>Mailing Address 426 NW 9TH AVE. HOMESTEAD FL 33030</div>		<div>DO NOT WRITE IN THIS SPACE</div>																																																																																																																																					
<div>2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24</div>		<div>2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29</div>		<div>3. Date Incorporated or Qualified 03/04/1985</div> <div>4. FEI Number 59-2500440</div> <div>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</div> <div>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees</div> <div>8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No</div>																																																																																																																																					
<div>9. Name and Address of Current Registered Agent BERRONES, DAVID 37203 SW 209TH AVE. HOMESTEAD FL 33030</div>				<div>10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code</div>																																																																																																																																					
<div>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.</div>																																																																																																																																									
<div>SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small></div>																																																																																																																																									
<div>12. OFFICERS AND DIRECTORS</div> <table><tr><td>TITLE</td><td>P</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>BERRONES, DAVID</td><td></td></tr><tr><td>STREET ADDRESS</td><td>37203 SW 209TH AVE.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>HOMESTEAD FL</td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>			TITLE	P	<input type="checkbox"/> DELETE	NAME	BERRONES, DAVID		STREET ADDRESS	37203 SW 209TH AVE.		CITY-ST-ZIP	HOMESTEAD FL		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			<div>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</div> <table><tr><td>1.1 TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>1.2 NAME</td><td></td><td></td></tr><tr><td>1.3 STREET ADDRESS</td><td></td><td></td></tr><tr><td>1.4 CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>2.1 TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>2.2 NAME</td><td></td><td></td></tr><tr><td>2.3 STREET ADDRESS</td><td></td><td></td></tr><tr><td>2.4 CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>3.1 TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>3.2 NAME</td><td></td><td></td></tr><tr><td>3.3 STREET ADDRESS</td><td></td><td></td></tr><tr><td>3.4 CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>4.1 TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>4.2 NAME</td><td></td><td></td></tr><tr><td>4.3 STREET ADDRESS</td><td></td><td></td></tr><tr><td>4.4 CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>5.1 TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>5.2 NAME</td><td></td><td></td></tr><tr><td>5.3 STREET ADDRESS</td><td></td><td></td></tr><tr><td>5.4 CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>6.1 TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>6.2 NAME</td><td></td><td></td></tr><tr><td>6.3 STREET ADDRESS</td><td></td><td></td></tr><tr><td>6.4 CITY-ST-ZIP</td><td></td><td></td></tr></table>			1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME			1.3 STREET ADDRESS			1.4 CITY-ST-ZIP			2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME			2.3 STREET ADDRESS			2.4 CITY-ST-ZIP			3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME			3.3 STREET ADDRESS			3.4 CITY-ST-ZIP			4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME			4.3 STREET ADDRESS			4.4 CITY-ST-ZIP			5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME			5.3 STREET ADDRESS			5.4 CITY-ST-ZIP			6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME			6.3 STREET ADDRESS			6.4 CITY-ST-ZIP		
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

CR2E034 (11/98)