

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M48710** (1)

1. Corporation Name

ABEL WELDING & IRON WORKS CORP.



Principal Place of Business

**4625 S.W. 74TH AVENUE
MIAMI FL 33155**

Mailing Address

**4625 S.W. 74TH AVENUE
MIAMI FL 33155**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
03/19/1987

3a. Date of Last Report
04/25/1995

4. FEI Number

59-2785825

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 or intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

**RODRIGUEZ, YANOSKA
4625 S.W. 74 AVENUE
MIAMI FL 33155**

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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name, title, and address of the registered agent

Signature, typed or printed name, title, and address of the registered agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE **PD** ☐ DELETE
NAME **RODRIGUEZ, ABEL**
STREET ADDRESS **4625 SW 74TH AVE**
CITY-STATE-ZIP **MIAMI FL**

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

TITLE **VD** ☐ DELETE
NAME **RODRIGUEZ, TERESITA**
STREET ADDRESS **4625 SW 74TH AVE**
CITY-STATE-ZIP **MIAMI FL**

2. TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE **STD** ☐ DELETE
NAME **RODRIGUEZ, YANOSKA**
STREET ADDRESS **4625 SW 74TH AVE**
CITY-STATE-ZIP **MIAMI FL**

3. TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4. TITLE ☐ Change ☒ Addition
4.2 NAME **D Rodriguez, Darjelo**
4.3 STREET ADDRESS **3445 SW 4 Street**
4.4 CITY-STATE-ZIP **Miami FL 33135**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5. TITLE ☐ Change ☒ Addition
5.2 NAME **D Fontanella, Abel**
5.3 STREET ADDRESS **1932 SW 82 Ct.**
5.4 CITY-STATE-ZIP **Miami FL 33155**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 its 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 changing, or in an attachment, to, an address.

SIGNATURE:

Abel Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-22-96 (305) 266-6555
DATE

CR2E034 (12/95)