FILED **2002 UNIFORM BUSINESS REPORT (UBR)** May 21, 2002 8:00 am Secretary of State P00000020410 DOCUMENT # 1. Entity Name LINCO WELDING SUPPLY INC. 05-21-2002 91135 030 ***150.00 Principal Place of Business Mailing Address 1691 W 37 ST BAY 34 1691 W 37 ST BAY 34 HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing_Address 3551 SW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For FC 65-1089241 MRAMAR Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 30 v Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PERSAD, JAINARINE 1230 WEST 25TH PLACE APT 3 HIALEAH FL 33010 MIRAMAR s this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE ed or printed name of registered agent and title if applicable 9. This conscration is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (9/01) Change Change ☐ Addition PERSAD, JAINARINE NAME 3551 SW 12644 AVE STREET ADDRESS 1230 WEST 25TH PLACE APT 3 STREET ADDRESS MIRAMAR FL 33027 CITY-ST-ZIP HIALEAH FL 33010 CITY-ST-7IP RESIDENT TITLE -₩1 Delete TITLE Addition NAME CANNET-PANEGUE, AMPARO NAME 3551 SW 126 TH AVE STREET ADDRESS 18850 NW 57 AVE APT 103 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33015 CITY-ST-ZIP MIRAMAR FL 33027 Qelete TITLE TITLE Change _____Addition_ VILLARSETTY, VIJAY KULMAR NAME NAME STREET ADDRESS 1250 E 23RD STREET STREET ADDRESS CITY-ST-ZIP FREMONT NE 68025 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 report or supplemental 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 positive empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if r like empowered

SIGNATURE: