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May 24, 1999 8:00 am  
Secretary of State

05-24-1999 90021 030 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000079333**

1. Corporation Name  
**JET WELDING SERVICES, INC.**



Principal Place of Business <b>4618 E. TENTH CT HIALEAH FL 33013 US</b>	Mailing Address <b>4618 E. TENTH CT HIALEAH FL 33013 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/17/1993</b>	
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b>	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b>
4. FEI Number <b>65-0448368</b>	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MORIN, JORGE L 4250 SW 134TH AVENUE MIAMI FL 33175</b>		10. Name and Address of New Registered Agent <b>81</b> Name <b>MORIN, SORGE L.</b> <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>2283 N.W. 208 TER</b> <b>83</b> <b>PEMBROKE PINES, FL 33029</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code	
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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 **JORGE L. MORIN, Agent** DATE **5/23/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b> NAME <b>MORIN, JORGE L</b> STREET ADDRESS <b>4250 SW 134TH AVE</b> CITY-ST-ZIP <b>MIAMI FL 33175</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>P</b> 1.2 NAME <b>MORIN, SORGE L</b> 1.3 STREET ADDRESS <b>2283 N.W. 208 TER</b> 1.4 CITY-ST-ZIP <b>PEMBROKE PINES, FL 33029</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VP</b> NAME <b>MORIN, MARIA ELENA</b> STREET ADDRESS <b>2283 N.W. 208 TER</b> CITY-ST-ZIP <b>PEMBROKE PINES, FL 33029</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>VP</b> 2.2 NAME <b>MORIN, MARIA ELENA</b> 2.3 STREET ADDRESS <b>2283 N.W. 208 TER</b> 2.4 CITY-ST-ZIP <b>PEMBROKE PINES, FL 33029</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b></b> NAME <b></b> STREET ADDRESS <b></b> CITY-ST-ZIP <b></b>	<input type="checkbox"/> DELETE	3.1 TITLE <b></b> 3.2 NAME <b></b> 3.3 STREET ADDRESS <b></b> 3.4 CITY-ST-ZIP <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b></b> NAME <b></b> STREET ADDRESS <b></b> CITY-ST-ZIP <b></b>	<input type="checkbox"/> DELETE	4.1 TITLE <b></b> 4.2 NAME <b></b> 4.3 STREET ADDRESS <b></b> 4.4 CITY-ST-ZIP <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b></b> NAME <b></b> STREET ADDRESS <b></b> CITY-ST-ZIP <b></b>	<input type="checkbox"/> DELETE	5.1 TITLE <b></b> 5.2 NAME <b></b> 5.3 STREET ADDRESS <b></b> 5.4 CITY-ST-ZIP <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b></b> NAME <b></b> STREET ADDRESS <b></b> CITY-ST-ZIP <b></b>	<input type="checkbox"/> DELETE	6.1 TITLE <b></b> 6.2 NAME <b></b> 6.3 STREET ADDRESS <b></b> 6.4 CITY-ST-ZIP <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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 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, with all other like empowered.

SIGNATURE: **JORGE L. MORIN** DATE **5/23/99** DAYTIME PHONE # **305-688-8898**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)