FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000027453 (5)

HAWK WELDING INC.

Principal Place of Business Mailing Address

FILED
May 02 1997 8:00am
Secretary of State



13990-8W-199 Miami FL 3318	(COURT 14034 S.W. 14057. 18	1 3990 SW 189 COURT MIAMI FL 33186-5513	14034 3	5W 1403	57			
					3. Date Incorporated or Qualified 03/28/1996	3a. Date of Last Report		
21 100	lace of Business 34 5W 140 St	2a. Mailing Address 26 14034 S	w 140	st	4. FEI Number - 65-06733/9		Applied For Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional se Required	
	IAMI FC	City & State 28 W (AW			Election Campaign Financing Trust Fund Contribution	,	5.00 May Be dded to Fees	
Zip 24 33	186 25 D170E		Country 30 DM	DE		Yes No	der s. 199.032,	
LIAN	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Re	gistered Agent		
	VK, JOHN			Name				
- 13990 SW 139 COURT MIAMI FL 33186				Street Addr	eet Address (P.Q. Box Number is Not Acceptable)			
			63					
				City		FL 85	Zip Code	
11. Pursuant office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State c	and 607,1508, Florida Statute	es, the above-	named corr	poration submits this statement for the p tipo's board of directors. I hereby accep	urpose of chang	ging its registered	
			rida Statutos		- Visite of Girocolors, Friday accept	Line appointment	III ga iagiatoreo	
SIGNATURE.	JOHA HAWK	<u> </u>	X Curt	1111	4/	20/9 7		
12.	Signature: typed or printed name of registered agent OFFICERS AND		: Region 6d Agent	signal of south	Ired when reinstating) ADDITIONS/CHANGES TO OFFIC	ZOATE	070D0 B1 t0	
TITLE	PSTD OFFICERS AND	DELETE	1.1 TITLE	·····	ADDITIONS/CHANGES TO OFFIC	EHS AND DIREC		
NAME	HAWK, JOHN		1.2 NAME			22 VIII	ange La radition	
STREET ADORESS	13990 SW 139 COURT		1.3 STREET AL	nngess 🚑	14034 SW. 140 S	对		
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY-ST-			.,, .		
TITLE		DELETE	2.1 TITLE	4"		Ch	ange Addition	
NAME		V	2.2 NAME					
STREET ADDRESS			2.3 STREET AL	DDRESS	·ĸ*	• •		
CITY - ST - ZIP			2. 4 CITY-ST-	I				
HITLE		DELETE	3.1 TITLE			☐ Ch	ange Addition	
NAME			3.2 NAME					
STREET ALIDHESS			3.3 STREET AC	ODRESS				
CHTY - ST - ZIP			3.4. CITY-ST-	ZIP				
TITLE		☐ DELETE	4.1 TITLE			Ch	ange Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET AD	ORESS				
City-St-7iP		Clorese	4.4 CITY-ST-	ŽIP				
TOTALE		DELETE	5.1 TITLE			Cha	ange L Addition	
NAME PROFES ASSESSED			5.2 NAME					
STREET ADDRESS			5.3 STREET AD	1				
CITY-SI-ZIP TITLE		DELETE	5.4 CITY-ST-	ZIP		- Ch	anna Addition	
NAME		□ beteit	6.1 TITLE			☐ Chi	ange [_] Addition	
STREET ADDRESS			6.2 NAME	NDDEGG				
CITY-S1-ZIP			6.3 STREET AD					
0111-21-21			6.4 CITY-ST-	CIP 1		*****		

14. If do 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 eath; 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 of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: X

NOTURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4/20/97

305 255 1400

Daytime Prione #