

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

FILED

Mar 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000068871 (8)

1. Corporation Name
FLORIDA WELDING, INC.

Principal Place of Business
4401 S.W. 75TH AVENUE
MIAMI FL 33155

Mailing Address
4401 S.W. 75TH AVENUE
MIAMI FL 33155-4445



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

08/19/1996

4. FEI Number

Applied For

65-069 1293

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 for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

KINGCADE, TIMOTHY S ESO
2903 SALZEDO STREET
CORAL GABLES FL 33134-8818

81 Name

ORESTES GOMEZ

82

Street Address (P.O. Box Number is Not Acceptable)

4401 SW 75 AVE

83

84 City

MIAMI

FL

85

Zip Code

33155

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

Signature, typed or printed name of registered agent (indicate if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

3/18/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

PVTS

☐ DELETE

2. NAME

GOMEZ, ORESTES

3. STREET ADDRESS

4401 S.W. 75TH AVENUE

4. CITY - ST - ZIP

MIAMI FL 33155

5. TITLE

D

☐ DELETE

6. NAME

GOMEZ, ORESTES

7. STREET ADDRESS

4401 S.W. 75TH AVENUE

8. CITY - ST - ZIP

MIAMI FL 33155

9. TITLE

☐ DELETE

10. NAME

11. STREET ADDRESS

12. CITY - ST - ZIP

13. TITLE

☐ DELETE

14. NAME

15. STREET ADDRESS

16. CITY - ST - ZIP

17. TITLE

☐ DELETE

18. NAME

19. STREET ADDRESS

20. CITY - ST - ZIP

21. TITLE

☐ DELETE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

25. TITLE

☐ DELETE

26. NAME

27. STREET ADDRESS

28. CITY - ST - ZIP

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I 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 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0210155

3/18/97 265-0091

CR2E034 (9/96)