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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9600084147

Country

9. Name and Address of Current Registered Agent

Corporation Name

Suite, Apt. #, etc.

City & State

23

24

Zip

U.S. WELDING EQUIPMENT, INC

Principal Place of Business	Mailing Address	
7441 SW 14TH STREET PLANTATION FL 33317	7441 SW 14TH STREET PLANTATION FL 33317	

27

28

29

Suite, Apt. #, etc.

City & State

Zip

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed
10/11/1996

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

4. FEI Number

65-0705110

5. Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Personal Property Tax.

FILED
Mar 09, 1999 8:00 am
Secretary of State
03-09-1999 90011 046 \*\*\*150.00

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Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be Added to Fees

¥Yes

Not Applicable

□No

RAWI	DA, PATRICIA					<u>:</u>									
	SW 14TH STREET		82	Street Address (P.O. Box Number is Not Acceptable)											
PLAN	ITATION FL 33317		83		-										
							<del> </del>								
			84	City	F	85   Zip C	ode								
office or re	to the provisions of Sections 607.0502 and 607.150 sgistered agent, or both, in the State of Florida. Suo m familiar with, and accept the obligations of, Section	ch change was autho	rized by	the corpo	corporation submits this statement for the purpose oration's board of directors. I hereby accept the app	of changing its	registered jistered								
SIGNATURE		WOTE D		:t	equired when reinstating) DATE	-									
	Signature, typed or printed name of registered agent and title if applicated of Pricers and Director		13.	t signature n	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12								
12.	0 OFFICERS AND DIRECTOR	☐ DELETE	1.1 TITLE		ADDITIONO/OTIANOEO TO OTT IOE. TO	Change	Addition								
	RAWDA, PATRICIA		1.2 NAME				<b>-</b> .								
VAME	7441 SW 14TH STREET			***************************************											
STREET ADDRESS			1.3 STREET												
CITY-ST-ZIP	PLANTATION FL 33317	☐ DELETE	1.4 CITY-ST	I-ZIP		☐ Change	Addition								
TITLE	U DAMEDA ANITOLINI					, 🗀 🕶	<b>—</b>								
NAME	RAWDA, ANTOUN		2.2 NAME		•										
STREET ADDRESS	7441 SW 14TH STREET		2.3 STREET												
CITY-ST-ZIP	PLANTATION FL		2.4 CITY-S	T-ZIP	. ,=: 1	☐ Change	Addition								
TITLE		☐ DELE₹E	3.1 TITLE			☐ Change									
NAME			3.2 NAME												
STREET ADDRESS			3.3 STREET	ADDRESS											
CITY-ST-ZIP			3.4. CITY-S	T-ZIP			☐ Addition								
TITLE		☐ DELETE	4.1 TITLE			☐ Change	[_] Addition								
NAME			4. 2 NAME												
STREET ADDRESS			4.3 STREET	ADDRESS											
CITY-ST-ZIP			4.4 CTY-S	T-ZIP											
TITLE		DELETE	5.1 TITLE			Change	☐ Addition								
NAME.			5.2 NAME		·	•									
STREET ADDRESS			53 STREET	ADDRESS											
CITY-ST-ZIP			5.4 CITY-S	T-ZIP											
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition								
NAME			6.2 NAME												
STREET ADDRESS			6.3 STREET	ADDRESS											
CITY-ST-ZIP			6.4 CITY-S	T-ZIP											
14. I hereby c	ertify that the information supplied with this filing do	es not qualify for the	exempti	on stated	d in Section 119.07(3)(i), Florida Statutes. I further of	ertify that the in	nformation								

Country

81 Name

30

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 informatic 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 oxity 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/19

Daytime Phone #

RZE034 (11/98)