

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

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Mar 24 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 # P96000088018 (2)

1. Corporation Name
PROFESSIONAL WELDING CONTRACTORS, CORP.



Principal Place of Business
~~6151 MIRAMAR PARKWAY STE 110
MIRAMAR FL 33003~~

Mailing Address
~~6151 MIRAMAR PARKWAY STE 110
MIRAMAR FL 33003~~

3. Date Incorporated or Qualified 10/24/1996
3a. Date of Last Report

2. Principal Place of Business
21 13199 N.W. 107th Ave
22 Bay #3
23 Hialeah Gardens
24 FL 33018 25 U.S.A.

2a. Mailing Address
26 13199 N.W. 107th Ave
27 Bay #3
28 Hialeah Gardens
29 FL 33018 30 U.S.A.

4. FEI Number 65-0705174
Applied For 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

9. Name and Address of Current Registered Agent
PEREZ, RAFAEL A
~~6151 MIRAMAR PARKWAY STE 110
MIRAMAR FL 33023~~

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
13199 N.W. 107th Ave.
83 Bay #3
84 City Hialeah Gardens FL 85 Zip Code 33018

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PEREZ, RAFAEL A	
STREET ADDRESS	6151 MIRAMAR PARKWAY STE 110	
CITY-ST-ZIP	MIRAMAR FL 33003	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SANCHEZ, OSCAR R	
STREET ADDRESS	6495 W 3 AVE	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	TRUJILLO, JESUS	
STREET ADDRESS	6081 SW 20 STREET	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS	13199 N.W. 107th Ave. Bay # 3	
14 CITY-ST-ZIP	Hialeah Gardens, FL 33018	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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 a 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: Rafael Antonio Perez, Rafael A. Perez
Date: 03-15-1997
Daytime Phone #: (305) 820-3033

CR2E034 (9/96)