**FILED** 

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90086 015 \*\*\*150.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000088018

1. Corporation Name

PROFESSIONAL WELDING CONTRACTORS, CORP.

Principal Place	of Business	Mailing Address							
13199 NW 107T	H AVE	13199 NW 107TH AVE				4 44-34 3-35 3-55			
BAY #3		Bay #3 Hialeah Gardens Fl 33018 Us				DO NOT WRITE IN THIS SPACE			
HIALEAH GARDI	ENS FL 33018					3. Date Incorporated or Qualifed	E IN THIS STA		
03		00				10/24/1996			
2 Principal Pt	ace of Business	2a. Mailing Address				4. FEI Number		Apr	olied For
<del>-</del>	ace of Business	26				65-0705174	ŀ		Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					<u> </u>	3.75 A	dditional
22		27				5. Certifcate of Status Desired		Fee Re	quired
City & State		City & State				6, Election Campaign Financing	\$	5.00	May Be
23		28				Trust Fund Contribution	<u> </u>	Added to	Fees
Zip Country		Zip Country				8. This corporation owes the curre			_ 1
24	25	29	30		_	Personal Property Tax.	<u> </u>		□No
	9. Name and Address of Current	Registered Agent		<u> </u>		10. Name and Address of New Re	egistered Agen	<u>t</u>	
				81	Name				
	EZ, RAFAEL A		82 Street			Address (P.O. Box Number is Not Acceptable)			
	9 NW 107TH AVE								
BAY			83					Ì	
HIAL	EAH GARDENS FL 33018				City		85	Zip C	ode
				84	•		TL!	<b>\</b>	
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 and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFF	ICERS AND DI	RECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 T	ITLE				Change	☐ Addition \
NAME	PEREZ, RAFAEL A		1.2 N	AME					}
STREET ADDRESS	13199 NW 107TH AVE., BAY #	•		TREET	ADDRESS				1
CITY-ST-ZIP	HIALEAH GARDENS FL		1.4 0	TY-ST	ZIP	•			
TITLE			2.1 T	TITLE				Change	Addition
NAME	SANCHEZ, OSCAR R		2.2 N	2.2 NAME					ĺ
STREET ADDRESS	6495 W 3 AVE		2.3 \$	2.3 STREET ADDRESS					İ
CITY-ST-ZIP	HIALEAH FL 33012		2.40	CITY-ST	-ZIP				
TITLE	☐ DELETE		3.1 T	3.1 TITLE				Change	☐ Addition
NAME	İ		3.2 N	(AME					i
STREET ADDRESS			3.3 \$	TREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP		-ZIP				
TITLE		☐ DELETE	4.1 Ŧ	MLE				Change	Addition
NAME			4.21	NAME	i				}
STREET ADDRESS	TADDRESS		4.3 9	4.3 STREET ADDRESS					
CITY-ST-ZIP		· ·	4.4 0	níy-st	ZIP				
TITLE		☐ DELETE 5.1 T		ITLE				Change	☐ Addition
NAME			5.2 N	IAME					
STREET ADDRESS			5.3 S	STREET.	ADDRESS				}
CITY-ST-ZIP			5.4 0	MY-ST	ZIP				
TITLE		☐ DELETE	6.1 T	ITLE				Change	Addition
NAME			6.21	AME					· ·
STREET ADDRESS			6.3 \$	STREET.	ADDRESS		•		1
CITY-ST-ZIP			6.4 0	CITY-ST	ZIP				

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.