


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

FILED
May 13 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P96000100829 (6)

1. Corporation Name
PANA WELDING CORP.

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| Principal Place of Business 9155 NW 96TH ST. MEDLEY FL 33178 | Mailing Address 9155 NW 96TH ST. MEDLEY FL 33178-1407 |
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|--------------------------------|--|-------------------------|--|---|--|-------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 12/13/1996 | | 3a. Date of Last Report | |
| 21. Suite, Apt. #, etc. | | 26. Suite, Apt. #, etc. | | 4. FEI Number 65-0738853 | | Applied For Not Applicable | |
| 22. City & State | | 27. City & State | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 23. Zip | | 28. Zip | | 6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 24. Country | | 29. Country | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

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|--|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent DIMOV, VLADIMIR 19850 SW 184TH AVE. MIAMI FL 33187 | | | | 10. Name and Address of New Registered Agent | | | |
| 81. Name ERASMO ESPINOSA | | | | 82. Street Address (P.O. Box Number is Not Acceptable) 3350 N.W. 14th STREET | | | |
| 83. City | | | | 84. City MIAMI | | | |
| 85. Zip Code 33125 | | | | 86. State FL | | | |

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:  **ERASMO ESPINOSA, PRESIDENT** DATE: **4/29/97**

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|----------------------------|--|--|---|-------------------------------|--|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE | | 1.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DIMOV, VLADIMIR | | | 1.2 NAME | ERASMO ESPINOSA | | |
| STREET ADDRESS | 19850 SW 184TH AVE. | | | 1.3 STREET ADDRESS | 3350 N. W. 14TH STREET | | |
| CITY - ST - ZIP | MIAMI FL 33187 | | | 1.4 CITY - ST - ZIP | MIAMI FL 33125 | | |
| TITLE | PVST | <input checked="" type="checkbox"/> DELETE | | 2.1 TITLE | PVST | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DIMOV, VLADIMIR | | | 2.2 NAME | ERASMO ESPINOSA | | |
| STREET ADDRESS | 19850 SW 184TH AVE. | | | 2.3 STREET ADDRESS | 3350 N. W. 14TH STREET | | |
| CITY - ST - ZIP | MIAMI FL 33187 | | | 2.4 CITY - ST - ZIP | MIAMI, FL 33125 | | |
| TITLE | | <input type="checkbox"/> DELETE | | 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 3.2 NAME | | | |
| STREET ADDRESS | | | | 3.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | | | | 3.4 CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 4.2 NAME | | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | | | | 4.4 CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | | | | 5.4 CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | | | | 6.4 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 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:  **ERASMO ESPINOSA, PRES.** DATE: **4/29/97** DAYTIME PHONE: **305-887-6144**

CR2E034 (9/96)