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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000022380 (4)

MEGA WELDING CORP.

## **FILED** May 11 1998 8:00am Secretary of State



| Principal Place  | Mailing Ad                               | Mailing Address       |                     |                     |   |              | e affitiefet tif batte tabet Abitt datte sat | ii ansin iidin ii  | 144 11161                              | MIII BAIL 1881 |                   |  |
|--|--|-----------------------|---------------------|---------------------|---|--------------|--|--|--|----------------|-------------------|--|
| 651 NW 82  |  |                       | 651 NW 82 AVE. #111 |                     |   |              |  |  |  |                |                   |  |
| MIAMI FL 3   | 3126                                     | MIAMI F               | MIAMI FL 33126      |                     |   |              |  | DO NOT WRITE IN  | THIS SPAC                              | E              |                   |  |
| <b>;</b>   |  |                       |                     |                     |   |              | 3. D   | ate Incorporated or Qualified  |  |                |                   |  |
|  |  |                       |                     |                     |   |              |  | 03/12/1997   |  |                |                   |  |
| 2. Principal Place of Business 2a  |  |                       | i. Mailing Address  |                     |   |              | 4. FI  |  | 0.7                                    | Ar             | plied For         |  |
| 21 26  |  |                       |                     |                     |   |              |  | Number 6 50 746 9  | 14                                     | No             | t Applicable      |  |
| Suite, Apt. #, etc.  |  |                       | Suite, Apt. #, etc. |                     |   |              | <b>5</b> O                                   | ertificate of Status Desired   | ¬                                      |                | Additional        |  |
| 22   | 27                                       |                       |                     |                     |   | <b>.</b>     |  |  | Fee Re                                 | ·              |                   |  |
| City & State   |  |                       | City & State        |                     |   |              |  | 5. Election Campaign Financing \$5.00 May Be                         |  |                |                   |  |
| Zip  | Country                                  | _ [28]                | ·                   |                     |   |              |  | doi:10.10.001/ii.lb.duo.1  |  |                | to Fees           |  |
| 24   | F  |                       |                     | 30                  |   |              | _  | nis corporation owes or has paid<br>ersonal Property Tax due June 30 |  | _              | angible  <br>] No |  |
| 24 25 29 39<br>9. Name and Address of Current Registered Agent   |  |                       |                     |                     | <u> </u>                                  |              |  | 10. Name and Address of New Registered Agent                         |  |                |                   |  |
| ESCALANTE, ERNESTO   |  |                       |                     |                     |   | Name         |  |  |  |                |                   |  |
| 651 NW 82 AVE. #111<br>MIAMI FL 33126  |  |                       |                     |                     | 82  | Charat Adale | (D O   | Pay Number in Mat Assessable   | <del></del>                            |                |                   |  |
|  |  |                       |                     |                     | 02  | SUBBLAUCI    | ress (P.U                                    | . Box Number is Not Acceptable                                       | ,                                      |                |                   |  |
|  |  |                       |                     |                     | 83  |              |  |  |  |                |                   |  |
|  |  |                       |                     |                     | B4  | City         |  |  | 85                                     | Zin            | Code              |  |
|  |  |                       |                     |                     |   |              |  |  | <u> </u>                               |                |                   |  |
| 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE |  |                       |                     |                     |   |              |  |  |  |                |                   |  |
| Signature, speed or protect name of restatived agent and file 4 applicable (NOT). Registered Agent signature required when reinstating).   |  |                       |                     |                     |   |              |  |  |  |                |                   |  |
| 12.  | OFFICERS AND DIRECTORS 13.               |                       |                     |                     |   | AD           | DITIONS/CHANGES TO OFFICE                    |  |  |                |                   |  |
| TITLE  | PD (AVICO                                |                       | ☐ DELETE            | 1.1 T))             |   | İ            |  |  |  | Change         | Addition          |  |
| NAME   | FUENMAYOR, JAVIER<br>651 NW 82 AVE. #111 |                       |                     | 1.2 NAME            |   |              |  |  |  |                |                   |  |
| STREET ADDRESS   | MANUEL 00400                             |                       |                     | 1                   | 1.3 STREET ADDRESS<br>1.4 City - ST - Zip |              |  |  |  |                |                   |  |
| CITY-ST-ZIP<br>TITLE   | STD STD                                  |                       | DELETE              | 2 1 717             |   | - ZIP        |  |  |  | Change         | Addition          |  |
| NAME   | ESCALANTE, ERNESTO                       |                       | Lj DECETE           | 2.2 NAME            |   |              |  |  | ۰                                      | or ion go      | ☐ Yourrow         |  |
| STREET ADDRESS   | 651 NW 82 AVE. #111                      |                       |                     | 2.3 STREET ADDRE    |   | ADDDECS.     |  |  |  |                |                   |  |
| CITY-ST-ZIP  | MIAMI FL 33126                           |                       |                     | 2 4 CITY - ST - ZIP |   | i i          |  |  |  |                |                   |  |
| TITLE  | mm um 1 5 vv isv                         |                       | DELETE              | 3.1 TITLE           |   | 1-11         | <del></del>                                  | ·  |  | Change         | Addition          |  |
| NAME   |  |                       |                     | 3.2 NAME            |   |              |  |  |  | -              |                   |  |
| STREET ADDRESS   | DDAESS                                   |                       |                     | 3.3 STREET ADDRESS  |   |              |  |  |  |                |                   |  |
| CITY-ST-ZIP  |  |                       |                     | 3.4. CITY-ST-7IP    |   |              |  |  |  |                |                   |  |
| TITLE  |  | ,                     | DELETE              | 4.1 TITLE           |   |              |  |  |  | Change         | Addition          |  |
| NAME   |  |                       |                     | 4 2 NAME            |   |              |  |  |  |                | į                 |  |
| STREET ADDRESS   |  |                       |                     | 4.3 STREET          |   | ADDRESS      |  |  |  |                | ļ                 |  |
| CITY-ST-ZIP  |  |                       |                     | 4.4 CITY - S        |   | - Z(P        |  |  |  |                |                   |  |
| TITLE  |  |                       | DELETE              | 5.1 Trille          |   |              |  |  |  | Change         | Addition          |  |
| NAME   |  |                       |                     | 5.2 NAME            |   |              |  |  |  |                |                   |  |
| STREET ADDRESS   |  |                       |                     | 5.3 ST              | RÉET A                                    | ADDRESS      |  |  |  |                |                   |  |
| CITY-ST-ZIP  |  |                       | CT ourse            | 54 CH               |   | - ZIP        |  |  | —————————————————————————————————————— | Shan           | 4,430             |  |
| TITLE  | ,  |                       | DELETE              | 61117               |   |              |  |  | L) (                                   | Change         | ☐ Addition        |  |
| NAME   |  |                       |                     | 6.2 NA              |   |              |  |  |  |                |                   |  |
| STREET ADDRESS   |  |                       |                     | 1                   |   | ADDRESS      |  |  |  |                | İ                 |  |
| CITY-ST-ZIP  | portify that the information cumpled w   | St. this filing, does |                     | 6.4 CI              |   |              | Castian                                      | 110 07/2)(i) Elerida Statutos I (ur                                  | thou postific                          | hat the        |                   |  |

all amount grows his quality for the exemption states in sections (19.07(3)), Florida Statutes. I further certify that the informatic training report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an deliver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in achieve the an address. indicated on this annual report or suppler officer or director of the corporation of th Block 12 or Block 13 if changed, or on a