

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90010 043 ***150.00

DOCUMENT # P97000065941 VOK
1. Corporation Name

VULCAN AVIATION WELDING, INC.
4701 S.W. 45 STREET BLDG 9 BAY 25
DAVIE, FL. 33314

2. Principal Place of Business	2a. Mailing Address
26	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
27	27
City & State	City & State
28	28
Zip	Zip
Country	Country
25	29
30	30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	July 30, 1997
4. FEI Number	65-0770909
Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Trust Fund Contribution	<input type="checkbox"/>
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
JUAN I. MAGANA
4701 S.W. 45 ST. Bldg. 9 BAY 25
DAVIE, FL 33314

10. Name and Address of New Registered Agent	B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL B5 Zip Code

1. 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: *Juan I. Magana* *Vivian A. Magana* *John Magana* DATE: 6/1/99

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	JUAN I. MAGANA <input type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6800 S.W. 16th STREET Pembroke Pines FL 33023	1.2 NAME	
CITY-STATE-ZIP		1.3 STREET ADDRESS	
NAME	VIVIAN A. MAGANA <input type="checkbox"/> DELETE	1.4 CITY-STATE-ZIP	
STREET ADDRESS	6800 S.W. 16th STREET Pembroke Pines, FL 33023	2.1 TITLE	Vivian Magana <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-STATE-ZIP		2.2 NAME	Secretary
NAME	John MAGANA <input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
STREET ADDRESS	6830 S.W. 16th ST Pembroke Pines, FL 33023	2.4 CITY-STATE-ZIP	
CITY-STATE-ZIP		3.1 TITLE	Vice-President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	John Magana
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
NAME		4.1 TITLE	
STREET ADDRESS		4.2 NAME	
CITY-STATE-ZIP		4.3 STREET ADDRESS	
NAME		4.4 CITY-STATE-ZIP	
STREET ADDRESS		5.1 TITLE	
CITY-STATE-ZIP		5.2 NAME	
NAME		5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-STATE-ZIP	
CITY-STATE-ZIP		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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.

SIGNATURE: *Juan I. Magana* DATE: 4/26/99 PHONE: 954-961-4270

CR2E034 (11/98)