

2000 UNIFORM BUSINESS REPORT (UBR)

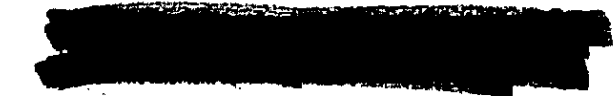
FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90019 025 ***150.00

DOCUMENT # P99080565941
 1. Entity Name

VULCAN AVALATION Welding INC
 Principal Place of Business Mailing Address
2070 TIGERTAIL BLVD. 2070 TIGERTAIL BLVD
BLDG 2 BAY DD BLDG 2 BAY DD
DANIA FL 33004 DANIA FL 33004

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
JUAN I MAGANA
2070 TIGERTAIL BLVD.
BLDG 2 BAY DD
DANIA FL 33004

4. FEI Number 65 070909 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Juan I Magana President 4/19/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

1. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	<u>P.D. JUAN I MAGANA</u>
STREET ADDRESS	<u>6830 S.W. 16 STREET</u>
CITY-ST-ZIP	<u>Pembroke Pines FL 33023</u>
TITLE	<input type="checkbox"/> Delete
NAME	<u>D VIVIAN A. MAGANA</u>
STREET ADDRESS	<u>6830 S.W. 16 STREET</u>
CITY-ST-ZIP	<u>Pembroke Pines FL 33023</u>
TITLE	<input type="checkbox"/> Delete
NAME	<u>V.P. John MAGANA</u>
STREET ADDRESS	<u>6830 S.W. 16 STREET</u>
CITY-ST-ZIP	<u>Pembroke Pines FL 33023</u>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-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 report or supplemental 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 11 or Block 12, changed, or on an attachment with an address, with all other like empowered.

Juan I Magana Pres. 4/19/00