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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000088286

1. Corporation Name

U.S. WELDING & SAFETY SUPPLY CO.

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Principal Place of Business Mailing Address							4 10011001 110 1011)(1)1 40 1117 111 1111)E101 (B170 1120)	19179 9111 1981	
13226 S.W. 62ND TERRACE 13226 S.W. 62ND TERRACE			CE									
MIAMI FL 33183 MIAMI FL 33183							DO NOT WRITE IN THIS SPACE					
						2 [Date Incorporated			3F AOL		
						I .	10/13/1997					
2. Principal Place of Business 2a. Mailing Address							El Number			Ap	plied For	
21		26				, -	5-0789089			No	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.							Certificate of Status	Donired		\$8.75 /	Additional	
27							Sertificate of Status	Desiled		Fee Re	equired	
City & State City & State							Election Campaign	-		•	May Be	
23		28					Frust Fund Contrib			Added t	to Fees	
Zip	Country	Zip Cou 29 30			0,a sa.pa.a			wes the current year Intangible Tax. ☐ Yes X No				
24	25	nt Revietered Agent		Personal Property Tax.					Aug			
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. 1	italie alia zaule.	33 01 11011	rtog.oto.ou	7 1g 0 1 11		
ARREDONDO, JOSE			-									
1322			82 Street Addre			O. Box Number is	Not Accept	.abie)				
MIAMI FL 33183				83								
				_	0.1					es Zin (Code	
				84	City				FL	85 Zip (5000	
office or r agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida. Such change was	authonze	o by	the corpo	corporation oration's boa	submits this stater and of directors. I h	nent for the ereby acce	purpose of pt the appoi	changing its intment as re	registered gistered	
SIGNATURE	Signature, typed or printed name of registered agr	ent and title if applicable. (NO	TE: Registered	f Ager	nt signature r	equired when rei	nstating)		DATE]	
12.		ND DIRECTORS	13.			Al	DDITIONS/CHANG	GES TO O	FICERS AN	ND DIRECTO	ORS IN 12	
TITLE	P	☐ DELETE	1.1 T	MLE		V				Change	Addition	
NAME	ARREDONDO, JOSE		1.2 N	AME		Arthur	r Arredo	MD0				
STREET ADDRESS 13226 SW 62ND TERRACE		1.3 S ¹		TREE	TADDRESS	13006	, S.W 62	TER	R .			
CITY-ST-ZIP	MIAMI FL 33183		1.4 C	ITY-S	T-ZIP	Miam	i , FL.	331	83			
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NAME			2.2 N				•					
STREET ADDRESS	-				TADDRESS		-					
CITY-ST-ZIP		☐ DELETE	2. 4 C		ST-ZIP					Change	Addition	
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STREET ADDRESS CITY-ST-ZIP					ST-ZIP						į	
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NAME			4.21	IAME								
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NAME			5.2 N	AME								
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CITY-ST-ZIP	. =			ITY-S	T-ZiP	ļ <u> </u>						
TITLE ;		☐ DELETE	6.1 T							Change	☐ Addition }	
NAME			6.2 N		T 4000=0=							
CTREET ANDRESS			₽ 6.3 S	IKEE	TADDRESS	I	•				,	

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 03, 1999 8:00 am Secretary of State

05-03-1999 90106 035 ***150.00