"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 # P97000100948

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

FIIGO GENERAL WELDING, INC.

Principal Plac	e of Business	Ma	iling Address							
9090 NW SOUTH RIVER DR. 9090 NW SOUTH RIVER DR.										
#33 #33										
MEDLEY FL 33166 MEDLEY FL 33166							DO NOT WRIT	E IN THIS	SPACE	
							3. Date Incorporated or Qualifed			
						_	12/01/1997			
2. Principal Place of Business 2a. Mailing Address							4. FEI Number		Ap	plied For
1		26					65-0796232		No	t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75 Additional			
!		27					5. Certifcate of Status Desired		Fee Re	quired
City & State			City & State				6. Election Campaign Financing S5.00 May Be			
		28	•				Trust Fund Contribution		Added to	
.Zip	Country		Zip	Countr	у		8. This corporation owes the curre	ent year Inta	angible	
!	25	29	29 30				Personal Property Tax.			□No
	9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
-					1 1	Name				
AMAYA, RIGOBERTO 9090 NW SOUTH RIVER DR. #33 MEDLEY FL 33166					٠,	<u> </u>	(D.O. D N	Li.		
				84	4	Street Addre	ess (P.O. Box Number is Not Accepta	DIE)		
				83	3					
						_				
				84	1	City		FL	85 Zip C	ode
44 0	4- 4	20	7 4509 Clasido Statutos	the abou	<u></u>	amad carns	ration submits this statement for the	. –	changing its	ranisterad
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	of Florida	7.1506, Florida Statutes a. Such change was aut	horized by	ve-n v the	e corporation	n's board of directors. I hereby accep	t the appoir	itment as reg	gistered
agent. I a	im familiar with, and accept the obliga	ations of,	Section 607.0505, Florid	da Statutes	S.					
SIGNATURE							·	<u> </u>		
	Signature, typed or printed name of registered age		<u> </u>		ent siç	ignature required	when reinstating)	DATE		
12	OFFICERS AI	ND DIREC		13.		— T=	ADDITIONS/CHANGES TO OFF	ICERS AN		
TITLE	PD		DELETE	1.1 TITLE		Pi	The America		D Change	☐ Addition
NAME	RIGOBERTO, AMAYA			1.2 NAME		RIS	BOBERTO AMAYA 105 W. 2551			
STREET ADDRESS	1870 NW 22ND AVE #9			1.3 STREE	T AD	ODRESS 96	10500 75 50			
CITY-ST-ZIP	MIAMI FL 33125			1.4 CITY-5	ST-ZI	OP M.	IQMI, Fl. 33165			
ทานะ	STD	☐ DELSTE		2.1 TITLE					(4) Change	Addition
NAME	AMAYA, LEONOR P s 1870 NW 22ND AVE #9		2.2 NAME		AM	1049, LEONOR P.				
STREET ADDRESS			2.3 STREE	ET AD	DORESS 90	D. 10ya, Leonor P. 105W, 25 St. 19M1, Fl. 33165				
CITY-ST-ZIP				2.4 CITY-ST-ZIP		10MI.FL 33165	•			
TITLE	☐ DELETE		3.1 TITLE		7.7	.4		☐ Change	Addition	
NAME			—	3.2 NAME						_
STREET ADDRESS	}			3.3 STREE		nneess	5 m			
								•		
CITY-ST-ZIP			□ DELETE	3.4. CITY-	31-Z	LIP			Change	☐ Addition
TITLE	I			41 TITLE					TI curande	

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.

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

□ DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADORESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

44 CITY-ST-ZIP

SIGNATURE:

☐ Change

☐ Change

☐ Addition

Addition

FILED

Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90040 001 ***150.00