Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90030 010 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000094915

BOLL-UP MACHINE SHOP, WELDING & SERVICES INC.

Principal Flace of Business Mailing Address						t (BBNOR) ien intel tetet natet natet natet natet nite eine diben enen inne nete enn
4961 SW 196TH PLACE MIAMI FL 33175		4961 SW 136TH PLACE MIAMI FL 33175				
					DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed
						11/06/1998
2. Principal Place of Business		2a. Mailing Address				4. FEI Number 0883061 Applied For No Applicable
21		26		 -		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired See Required	
22		City & State			- 51-51-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
City & State		28			6. Election Campaign Financing S5.00 - Way Be — Added to Fees	
Zip	Country Zip		Country			8. This corporation owes the current year Intangible
24	25	29	30	,		Personal Property Tax.
	9. Name and Address of Curren		100	_		10. Name and Address of New Registered Agent
	<u> </u>			81	Name	
Lopez, Walter			l.	00		Idea (DO D. N. sharia Nat Associable)
496	1 SW 136TH PLACE		Ι,	82	Street Ac	(Idress (P.O. Bo): Number is Not Acceptable)
MIAMI FL 33175				83		
			[]	84	City	FL 85 Zip Code
SIGNATUFE	Signature, typed or printed name of registered agen		_			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TDL	.E		☐ Change ☐ Addition
NAME	LOPEZ, WALTER		1.2 NAA	Æ	}	
STREET ADDRESS 4961 SW 136TH PLACE			1.3 STREET A		ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175		1.4 CIT	Y-ST	-ZIP	
τιπιε	vo +	☐ DELETE	2.1 TITL	E.		☐ Change ☐ Addition
NAME	RODRIGUEZ, REYNALDO		2.2 NAA	2.2 NAME		
STREET ADDRESS 13853 SW 139TH CT			2.3 STR	EET.	ADDRESS	
CITY-ST-ZIP MIAMI FL 33186			2. 4 CIT	Y- S1	T-ZIP	
TITLE	TD	DELETE	3.1 TITL	.E		☐ Change ☐ Addition
NAME .	LABREAU, RAFAEL	- ~	3.2 NAA	Æ		
STREET ADDRE 3S	EET ADDRE SS 13853-SW 139TH CT-		3.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP	M/M/ FE 30 180		3.4. CIT	Y-\$1	T-ZIP	
TITLE		☐ DELETE	4.1 TITL	.E		☐ Change ☐ Addition
NAME			4 2 NA	ME		
STREET ADDRESS			4.3 STR	EET	ADDRESS	
CITY-ST-ZIP			4.4 CIT	Y-ST	r-ZIP	
TITLE		☐ DELETE	5.† TITL			☐ Change ☐ Addition
NAME	ļ		5.2 NAN			
STREET ADDRE IS	•				ADDRESS	
CITY-ST-ZIP			5.4 CIT		r-ZIP	
TITLE		☐ DELETE	6.1 TITL			Change Addition
NAME			6.2 NAM	Æ)	Î

14. I hereby certify that the information supplied with this filling 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 in multi-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 of subject 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 attach required in address, with an other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP