

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 4/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 16 AM 11:17

DOCUMENT # S75095 (7)

1. Corporation Name
SUNSET WELDING, INC.

Principal Place of Business Mailing Address
 12920 S W 122 AVE 12920 S W 122 AVE
 MIAMI FL 33186 MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 3a. Date of Last Report
 08/21/1991 05/01/1994
 4. FEI Number Applied For
 65-0281987 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional
 Fee Required
 6. Election Campaign Financing ☐ \$5.00 May Be
 Trust Fund Contributions Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032,
 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**DECOSTE, ROBERT
 12920 S W 122 AVE
 MIAMI FL 33186**

10. Name and Address of New Registered Agent

01 Name
 02 Street Address (P.O. Box Number is Not Acceptable)
 03
 04 City FL 05 Zip Code

11. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
 NAME DECOSTE, ROBERT
 STREET ADDRESS 13500 S W 111 TERR.
 CITY, ST, ZIP MIAMI FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE P
 1.2 NAME DECOSTE, ROBERT
 1.3 STREET ADDRESS 18620 BEL VIEW
 1.4 CITY, ST, ZIP MIAMI, FL 33157
 2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY, ST, ZIP
 3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY, ST, ZIP
 4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY, ST, ZIP
 5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY, ST, ZIP
 6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 authorized 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 addendum.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/95 105-253-1122