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May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000004601 (6)**

1. Corporation Name
AMERICAN TOOLS & PLASTICS, INC.

Principal Place of Business	Mailing Address
~~6405 DEWEY STREET~~ ~~HOLLYWOOD FL 33023~~	~~6405 DEWEY STREET~~ ~~HOLLYWOOD FL 33023-1703~~

3. Date Incorporated or Qualified: 01/11/1996
3a. Date of Last Report:

2. Principal Place of Business
21: 5925 Ravenswood
Suite, Apt. #, etc.
22: Building D - 12
City & State
23: Dania, Florida
Zip 24: 33312 Country 25: Broward

2a. Mailing Address
26: Same as place of business
Suite, Apt. #, etc.
27:
City & State
28:
Zip 29: Country 30:

4. FEI Number: 65-0643743 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be 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

BETANCOURT, ERNESTO
6405 DEWEY STREET
HOLLYWOOD FL 33023

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	~~BETANCOURT, ERNESTO~~		1.2 NAME		
STREET ADDRESS	~~6405 DEWEY STREET~~		1.3 STREET ADDRESS		
CITY-ST-ZIP	~~HOLLYWOOD FL 33023~~		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NUNEZ, LAZARO S		2.2 NAME		
STREET ADDRESS	6445 MEADE STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33024		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	PD	☐ Change ☒ Addition
NAME			3.2 NAME	BETANCOURT, JUSTO	
STREET ADDRESS			3.3 STREET ADDRESS	19826 W. Lake Drive	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	~~Miami, Florida 33015~~	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Justo Betancourt 4/29/97 Justo Betancourt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #