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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 594736

(1)

FILED May 06 1998 8:00am Secretary of State

ACUNA TOOLS CORP. Principal Place of Business Mailing Address 3100 NW 72 AVE., #103 3100 NW 72 AVE., #103 MIAMI FL 33122-1335 MIAMI FL 33122-1335 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/14/1978 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-1877662 Not Applicable Suite, Apt. #, etc Suito, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ACUNA, ANDRES RAMIRO Name 13361 SW 6TH ST. Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33184** City 84 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 (NOTE Registered Agent signature required when reinstating) 12, OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition ACUNA, JUDITH NAME 1.2 NAME 13361 SW 6TH ST. STREET ADDRESS 1.3 STREET ADDRESS MIAMI, FLORIDA 3 CITY-ST-ZIP 1.4 CHY-ST-7IP TITLE DELETE 21 TITLE Addition **ACUNA, ANDRES RAMIRO** NAME 2.2 NAME 13361 SW 6TH ST. STREET ADDRESS 2.3 STREET ADDRESS MIAMI, FLORIDA 3 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NUE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP 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 DELETE TITLE 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 62 NAME STREET ADDRESS **63 STREET ADDRESS** 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 changes or on an attachment with an address.

AMORES C. ACLAR

SIGNATURE:

Judas & Clema

PACSIDENT 04/24/98 (305)592-4438