## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # L28912 (8) ALMAR TOOLS, CORP.							
Principal Prace of Business Mailing Ad		Mailing Address	ng Address		- I SOLINON ENG HARDI SALIK IDINI NSHR HAR		AI AIRII AFAI
7711 SW 129TH AVENUE MIAMI FL 33183-4240		7711 SW 129TH AVENU MIAMI FL 33183-4240	7711 SW 129TH AVENUE Miami Fl 33183-4240				
					3. Date Incorporated or Qualified	3a. Date of Last	•
2. Principal Place of Business 2a.		2a. Mailing Address			11/13/1989 4, FEI Number	J 04/29/1996	Applied For
21 26		) <u>~</u>			65-0160567	<u> </u>	Not Applicable
Suite, Apt. #, etc Suite, Apt. #, etc					5. Certificate of Status Desired	┌┐ \$8.75	Additional
22 27 Chu S State						Fee F	Required
City & State		<u> </u>	City & State		6. Election Campaign Financing Trust Fund Contribution		O May Be I to Fees
Z <sub>i</sub> p	Country Zip		Country		8. This corporation has liability for		
24	25	29	30		Florida Statutes	] Yes ☐ No	,
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Re	gistered Agent	
	nandez, angel		81	Name			
7711 SW 129TH AVENUE			82	Street Add	ress (P.O. Box Number is Not Acceptat	ole)	
MIA	MI FL 33183		83	<del></del>			
			84	City	, , , , , , , , , , , , , , , , , , , ,	FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.	0502 and 607,1508, Florida Sta	tutes, the above	-named cor	poration submits this statement for the p	ournose of changing	its registered
office or ra agent. Fa	egistered agent, or both, in the Si m familiar with, and accept the ol	tate of Florida. Such change wa bligations of, Section 607.0505,	s authorized by Florida Statutes	the corpora	tion's board of directors. I hereby acce	pt the appointment a	s registered
SIGNATURE							
	Signature, typed or priviled name of registered agent and title if applicable (NOT OFFICERS AND DIRECTORS		OTE: Registered Age:	nt signature requi	fred when reinstaling)  ADDITIONS/CHANGES TO OFFIC	DATE	DC IN 10
12.	P DELETE		13. 1.5 TITLE		ADDITIONS/CHANGES TO OFFIC	Change	
NAME	FERNANDEZ, ANGEL		1.2 NAME				
STREET ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST	r-zip			
TOLE		DELETE	2.1 TETLE			☐ Change	Addition
NAME			2.2 NAME		· · · · ·		
STREET ADDRESS			2.3 STREET	ADORESS			
CITY-ST-ZiP			2 4 CITY-S 3.1 TITLE	T-ZIP			
TITLE		☐ DELETE		ĺ	te a	L_I Change	Addition
NAME OXOGON ADVINGOS		•	3.2 NAME	ADDDECC.			
STREET ADORESS			3.3 STREET				
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-S 4.1 TITLE	1-217		Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
City - St - ZiP			4.4 CHTY- \$1	r-ZiP			
TITLE		DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME	-			i
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP		Perse	5.4 CITY-\$1	r- ZIP		17 AL	a delista
TITLE		DELETE	6.1 TITLE			L Change	Addition
NAME Dancer recovers			6.2 NAME	ADDOCOS			
STREET ADORESS			63 STREET	1			
CITY-ST-ZIF			64 CITY - ST	1-212			

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:

SIGNATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.2394 8724638

**FILED** 

Apr 29 1997 8:00am

Secretary of State