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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Mar 29, 1999 8:00 am **Secretary of State**

03-29-1999 90093 009 \*\*\*150.00

## **DOCUMENT # L28912**

ALMAR T	OOLS, CORP.						
Bringing! Place	of Business	Mailing Address				i	
Principal Place of Business Mailing Address 7711 SW 129TH AVENUE 7711 SW 129TH AVENUE							
MIAMI FL 33183		MIAMI FL 33183-4240	•		· ·		
					DO NOT WRITE IN TH	IIS SPACE	
					3. Date Incorporated or Qualifed		
					11/13/1989		
2. Principal Pl	ace of Business	2a. Mailing Address			4, FEI Number	Applie	ed For
21		26			65-0160567	Not A	pplicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5: Certificate of Status Desired	<b>\$8.75</b> Add	
22	والمناجع المناجع المنا	27	-		3,5 551,1132,123	Fee Requ	ired
City & State	•	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Ma Added to F	
Zip	Country	Zip	Countr	y	8. This corporation owes the current year	Intangible	,
24	25	29	10		Personal Property Tax.	🗆 Yes 💢	No
	9. Name and Address of Curren				10. Name and Address of New Registere	d Agent	
			81	Name			
FERNANDEZ, ANGEL				Stroot Ad	dross (P.O. Roy Number is Not Acceptable)		
7711		04	82 Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33183			8:	3			
						AF Zin Co.	
			84	City	F	85 Zip Coo	je
office or re	to the provisions of Sections 607.050; egistered agent, or both, in the State in familiar with, and accept the obligat	of Florida. Such change was aut	nonzea b	, the corpora	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app	of changing its re pointment as regis	gistered tered
SIGNATURE							
SIGNATORE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: R	Registered Ag	ent signature requ	ired when reinstating) DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		Addition
TITLE	P	☐ DELETE	1.1 TITLE			☐ Change	Addicon
NAME	FERNANDEZ, ANGEL		1.2 NAME				1
STREET ADDRESS	7711 011 12011711021102		1.3 STRE	ET ADDRESS	1		
CITY-ST-ZIP	MIAMI FL 1.4		1.4 CITY-	ST-ZIP	·		
TITLE	·	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME.			2.2 NAME				
STREET ADDRESS			2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	•		2. 4 CITY	ST-ZIP		<u> </u>	
TITLE		☐ DELETE	3.1 TITLE	- ·		Change	Addition
NAME			3.2 NAME		•		
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAM	:			
STREET ADDRESS			4.3 STRE	ET ADORESS			

6.4 CITY-ST-ZIP 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 empewered 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, with all other like empowered.

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE AND TYPED OF FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

DELETE

Addition

Addition

Change

Change