

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

0242694

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000001266**

1. Corporation Name
C & A TOOLS, INC.



Principal Place of Business
**6555 NW 36 STREET
SUITE 213
MIAMI FL 33166
US**

Mailing Address
**6555 N.W. 36 STREET
STE. 213
MIAMI FL 33166
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/03/1993

4. FEI Number

65-0382222

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business
21 **5700 SW. 127 Ave.**

2a. Mailing Address

26

Suite, Apt. #, etc.

22 **1213**

Suite, Apt. #, etc.

27

City & State

23 **Miami**

City & State

28

Zip **Florida** Country

25 **33183**

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**GONZALEZ, HERNANDO
6555 NW 36 ST, #217
MIAMI FL 33166**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box, Number is Not Acceptable)

5700 SW. 127 Ave, #1213

83

84 City **Miami**

FL

85 Zip Code

33183

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.

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D GONZALEZ, HERNANDO**
STREET ADDRESS **6555 NW 36 STREET SUITE 213**
CITY-ST-ZIP **MIAMI FL 33166 ***

TITLE ☐ DELETE
NAME **change of address:**
STREET ADDRESS ***5700 SW. 127 Ave, #1213**
CITY-ST-ZIP **Miami, FL 33183 ***

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Hernando Gonzalez (305) **388-1276**
President

CR2E034 (11/98)