## 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

DOCUMENT #	P9300000	1266
4. Commercial Manager	1 000000	

C & A TOOLS INC

O & PA TOOLO, MAO.								
Principal Place of Business	Mailing Address			1,000		<b>4 1</b> 4113 <b>24 1</b> 4134 194 141	Baite ingen iiter	#676 <b>#</b> #147 1.8#7
6555 NW 36 STREET	6555 N.W. 36 STREET							
SUITE 213	STE. 213				DO HOT WO	NTE IN THE	- CDACE	
MIAMI FL 33166	MIAMI FL 33166				DO NOT WR		SPACE	
US	US				porated or Qualifed	1		1
				01/03/1				
2. Principal Place of Business 21 5700 SW, 127 AVE.	2a. Mailing Address			4. FEI Number			_ <del>                                    </del>	tied For
21 3100 SW, 12 1 1+VE				65-0382	222	····		Applicable
Suite, Apt. #, etc. 22 /2/3	Suite, Apt. #, etc.			5. Certificate	of Status Desired		\$8.75 / Fee Re	
City & State	City & State			6. Election C	ampaign Financing	<b>1</b> 🗂	\$5.00	*
23 Miauli	28			Trust Fund	Contribution		Added	to Fees
ZipCourtry	Zip	Country		8. This corpo	ration owes the cu	rrent year in		,
24 Florida 25 33183		30			Property Tax.		Yes	□No
9. Name and Address of Curr	ent Registered Agent			10. Name and	Address of New	Registere d	Agent	{
		81	Name					
GONZALEZ, HERNANDO		82	Street Acid	Iress (P.O. Bo). Nu	mber is Not Accep	table) //	101-	,
6555 NW 36 ST, #217		-	570	1ress (P.O. Box, Nu 20 5 W ,	127 AV	<u>'e,7</u>	12/3	5
MIAMI FL 33166		83				<del></del>		
			L				11	<del></del>
		84	City 人	Same		FI	85 Zip	Code
11. Pursuant to the provisions of Sections 607.0	500 and 607 1508. Florida Statute	s the above	e-named cor	poration submits th	is statement for th	e purpose o	changing its	registered
office or registered agent, or both, in the Sta	te cf Florida. Such change was ⊣u	thorized by	the corporati	ion's board of direc	tors. I hereby acco	ept the apro	intment as re	g stered
agent. I am familiar with, and accept the obli	gations of, Section 607.0505, Flori	da Statutes						
								ì
SIGNATURE								\
Signature, typed or printed ha ne of registered a				red when reinstating)	CHANGES TO O	DATE DATE	ND DIRECTO	DEIS IN 12
Signature, typed or printed name of registered a  12. OFFICERS A	AND DIRECTORS	13.			6/CHANGES TO O			
Signature, typed or printed he he of registered at 12.  OFFICERS AT D		13. 1.1 TITLE			G/CHANGES TO O		ND DIRECTO	DF IS IN 12
Signature, typed or printed he he of registered at 12.  OFFICERS AT 17.  TITLE D GONZALEZ, HERNANDO	ANI) DIRECTORS	13. 1.1 TITLE 1.2 NAME	nt signature require		6/CHANGES TO O			
12. OFFICERS A  TITLE D  NAME GONZALEZ, HERNANDO  STREET ADDRESS #6555 NW 36 STREET SUITE	ANI) DIRECTORS	13. 1.1 TITLE 1.2 NAME			S/CHANGES TO O			
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14. I hereby certify that the information supplied with this filling 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 corpora ion or the receiver or trustee empowered to execute this report as recuired 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 FRINTED NAME OF SIGNING OFFICE! OR DIRECTOR