FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000035305 (9)**

1. Corporation Name

SOUTHEAST TOOLS, INC.

Principal Place of Business	Mailing Address
4995 NW 79 AVE #105 MIAMI FL 33166 US	4995 NW 79 AVE #105 MIAMI FL 33166 US

3. Date Incorporated or Qualified: **05/09/1994**
3a. Date of Last Report: **03/15/1995**

2. Principal Place of Business
21: 7909 NW 56 STREET
22: State, Apt. #, etc.
23: City & State: MIAMI, FLORIDA
24: Zip: 33166
25: Country: U.S.

2a. Mailing Address
26: 7909 NW 56 STREET
27: State, Apt. #, etc.
28: City & State: MIAMI, FLORIDA
29: Zip: 33166
30: Country: U.S.

4. FEI Number: **65-0494158** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PANTOJA, EMIL
8005 LAKE DR
SUITE 204
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name: PANTOJA, EMIL
82 Street Address (P.O. Box Number is Not Acceptable): 7909 NW 56 STREET
83:
84 City: MIAMI **FL** 85 Zip Code: 33166

11. Pursuant to the provisions of Section 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: Emil Pantoja Emil PANTOJA 1-29-96
(If changing Registered Agent, Signature of New Registered Agent required below) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT PANTOJA, EMIL % 8005 LAKE DR SUITE 204 MIAMI FL 33166 ☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRES. PANTOJA, EMIL 7909 NW 56 STREET MIAMI, FLORIDA 33166 ☑ Change ☐ Addition
	☐ DELETE	2.1 / 2.2 / 2.3 / 2.4	☐ Change ☐ Addition
	☐ DELETE	3.1 / 3.2 / 3.3 / 3.4	☐ Change ☐ Addition
	☐ DELETE	4.1 / 4.2 / 4.3 / 4.4	☐ Change ☐ Addition
	☐ DELETE	5.1 / 5.2 / 5.3 / 5.4	☐ Change ☐ Addition
	☐ DELETE	6.1 / 6.2 / 6.3 / 6.4	☐ Change ☐ Addition

CR2E034 (12/95)

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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: Emil Pantoja Emil PANTOJA 1-29-96 (305) 593-0734
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #