

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

FILED

May 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000036715 (8)

1. Corporation Name

G.D. TOOL, CORP.

Principal Place of Business

Mailing Address

18844 NW 89 COURT
MIAMI FL. 33018
US

18844 NW 89 COURT
MIAMI FL. 33018

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/16/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0493852

Applied For

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

AGUILAR, GILBERTO A
7195 N.W. 179TH ST
#105
MIAMI FL 33015

10. Name and Address of New Registered Agent

81 Name

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

83 18844 NW 89 COURT

84 City
MIAMI

FL

85

Zip Code
33018

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, Sections 607.0505, Florida Statutes.

SIGNATURE

(For officers, type in printed name of officer and date of signature.)

(NOTE: Registered Agent signature required when registering.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
AGUILAR, GILBERTO A
18844 NW 89 COURT
MIAMI FL

☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP
☐ Change ☐ Addition

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 statement 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 person authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of the preceding section of this report.

SIGNATURE: GILBERTO A. AGUILAR 04-27-98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed

CR2E034 (10/97)