FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



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

ANNUAL REPORT
1996

P94000086427 (9)

	MENT # P940	00086427 (9))			
1. Corporation MICR	OTECH TOOL INC.	. ,	,			
	- 1002 MO					
Principal Place	of Business	Mailing Address				
2661 N.E. 7TH AVE.		2661 N.E. 7TH AVE.	· ·			
POMPANO BEACH FL 33064		POMPANO BEACH FL 33064				
				3. Date Incorporated or Qualified	3a. Date of Last Report	
		· · · · · · · · · · · · · · · · · · ·		11/28/1994	08/17/1995	
2. Principal Place of Business		2a. Mailing Address		4, FET Number 65-0055610	Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable \$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
Orty & State		City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees	
Zip	Country	Zıp	Country	8. This corporation has liability for		
24	9. Name and Address of Curre	29 3	90		□No	
<u> </u>	9. Name and Address of Corre	nt negistered Agent	81 Name		10. Name and Address of New Registered Agent	
SOTO,	ROSENDO			POURO ACOKO		
	I.E. 7TH AVE.		82 Street A	Address (P.O. Box Number is Not Acceptab	ole)	
POMP/	NO BEACH FL 33064		83 26	61 M.E. 7TH /	AVE.	
				OMPAND BEACH		
11. Pursuant to	o the provisions of Sections 607.050	02 and 607.1508, Florida Statutes,	the above named co	cooration submits this statement for the rule	rance of changing its registered office	
or registere familiar with	ed agent, or both, in the State of Floa h, and accept the obligations of, Suc	nda. Such change was authorized to ction 607.0505, Florida Statutes.	by the corporation's l	board of directors. Thereby accept the appr	ointment as registered agent. I am	
SIGNATURE _	ledio de	200		ARR	1L 16-96	
12.	Signatura Tiped or printed name of registeren agui OFFICERS AN	et and their applicanie — — — — — — — — — — — — — — — — — — —	13.	stantad when reinstatings	DA*E	
TITLE	PD	☐ DELETE	1.1 Tir.E S	ADDITIONS/CHANGES TO OFF	Change Addition	
NAME	ACERO, PEDRO		1.2 NAME	SOTO. ROSEADO		
STREET ADDRESS	2661 7THA VE		1.3 STREET ADDRESS	5070, ROSENDO 2661 H.E. 7	TH AVE.	
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY - \$1 - ZIP	POMPANO BEACE	4 LL 3306K	
TITLE	VD	☐ DELETE	2 1 TITLE 💙		☐ Change ★ Addition	
NAME	SOTO, ROSENO		2.2 NAME	SABO LARRY		
STREET ADDRESS	2661 N.E. 7TH AVE. POMPANO BEACH FL		2.3 STREET ADDRESS	POMPANO BEACH	H AVE . BREAK	
CITY-ST-ZIP TITLE	POMPANO BEACH FL	- Dritte	2 4 CHY - ST - ZIP	POMPANO BEACT		
NAME		☐ DELETE	3 1 TITLE		☐ Change ☐ Addition	
			3 2 NAMÉ			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	3 4 CITY - ST - ZIP 4 1 TITLE		Change C Addition	
NAME		E otter	4 2 NAME		Change 🔲 Addition	
STREET ADDRESS			4 3 STREET ADDRESS			
City-St-Zip			4.4 CITY - ST - ZIP			
TITLE		☐ Devete	5 1 DITEE		Cnange Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STHEE! ADDRESS			
CITY - ST - ZIP			54 CITY - ST - ZIP			
TITLE		☐ DELETE	6 1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS		ļ	
CITY-ST-ZIP			6.4 CiTY+ST+ZIP			
14. I do hereby	certify that the information supplied	with this filma is voluntarily furnished	vi and dose not qual	for the exemption statud in Section 110	OZCOVA Cieriete Oteatrane 14 die	

certify that the information indicated on this significant with this limit is voluntarily turnished and does not quality for the exemption stated in Section 119.07(3)(x). Florida Statutes. I further certify that the information indicated on this significant 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 of chapter 607, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR AldIL 16-96 (954) 784-8444