

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 # **P94000086427 (9)**

1. Corporation Name
MICROTECH TOOL INC.



Principal Place of Business: **2661 N.E. 7TH AVE. POMPANO BEACH FL 33064**
Mailing Address: **2661 N.E. 7TH AVE. POMPANO BEACH FL 33064**

3. Date incorporated or Qualified: **11/28/1994** 3a. Date of Last Report: **08/17/1995**
4. FEI Number: **65-0055610** 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

2. Principal Place of Business: **21** 2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27**
City & State: **23** City & State: **28**
Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

**SOTO, ROSENDO
2661 N.E. 7TH AVE.
POMPANO BEACH FL 33064**

10. Name and Address of New Registered Agent

81 Name: **PEDRO ACERO**
82 Street Address (P.O. Box Number is Not Acceptable):
83 **2661 N.E. 7TH AVE.**
84 City: **POMPANO BEACH FL** 85 Zip Code: **33064**

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: *Pedro Acero*

APRIL 16-96

Signature, typed or printed name of registered agent and their applicant

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	ACERO, PEDRO	
STREET ADDRESS	2661 7TH AVE	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	VD	
NAME	SOTO, ROSENDO	
STREET ADDRESS	2661 N.E. 7TH AVE.	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	S	<input checked="" type="checkbox"/>	
1.2 NAME	SOTO, ROSENDO		
1.3 STREET ADDRESS	2661 N.E. 7TH AVE.		
1.4 CITY - ST - ZIP	POMPANO BEACH, FL 33064		
2.1 TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	SABO LARRY		
2.3 STREET ADDRESS	2661 N.E. 7TH AVE.		
2.4 CITY - ST - ZIP	POMPANO BEACH FL, 33064		
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do 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)(c), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 16-96 (954) 784-8444

CR2E034 (12/95)