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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500001783 (6)

FILED Apr 17 1998 8:00am Secretary of State

LEAL	TOOL & MOLD, INC.	·	-					
Principal Place of Business Mailing Address							 	i f ofos feat f es
1441 SW	TENTH AVENUE	1441 SW TENTH AVE	#JE			1		
	BEACH FL 33069	POMPANO BEACH FL 33069				DO NOT WOLFE IN TH	0.004.05	
						DO NOT WRITE IN TH 3. Date Incorporated or Qualified	S SPACE	
								1
2 Principal f	Place of Business	2a, Mailing Address				01/05/1995 4. FEI Number	1	pplied For
21	Table of Obstitions	26		65-0546679	h			
Sulte, Apt. #, etc.		Suite, Apt. #, etc.				Additional		
22		27		5, Certificate of Status Desired		lequired		
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be		
23		28		Trust Fund Contribution		to Fees		
Zip	Country	Zip	Cou	untry		8. This corporation owes or has paid the		
24	25	29	30	,		Personal Property Tax due June 30.		No
	g. Name and Address of Current	t Hegistered Agent		B1	Name	10. Name and Address of New Registere	a Agent	
	ALVAREZ, EDILBERTO J			["	Name			
	1441 SW TENTH AVENUE			82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
	POMPANO BEACH FL 33069			83				
				84	City	F	85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was autil agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida.				LL	a-named co			its registered
office or	registered agent, or both, in the State	of Florida, Such change was	authorize	d by	the corpor	ration's board of directors. I hereby accept the a	ppointment as	registered
		mone of occion do. 2000, i	ionga ota	iuies) .			
SIGNATURE	Signature, typed or printed name of registered ager	of and fine if appheable (NO	TE Registere	d Age	nt signature req	guired when reinstating) DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PŠT			ITLE			☐ Change	Addition
NAME	EDILBERTO J. ALVALEZ			1.2 NAME				
STREET ADDRESS	1441 SW 10TH AVE.		1.3 S	1.3 STREET ADDRESS				
CITY-ST-ZIP	POMPANO BEACH FL	T DELETE	_	ITY- ST	T-ZIP		Change	Addition
TITLE	}			2.1 TITLE 2.2 NAME			C Charige	Addition
NAME PERFECT ADDRESSES					4D0DECC			
STREET ADDRESS CITY-ST-ZIP				INCEL.	ADDRESS			
TITLE		DELETE	3.1 Tu		51-ZIP		Change	Addition
NAME			3 2 N					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				CITY-S				
TITLE		DELETE	4.1 TI				Change	Addition
NAME			4. 2 N	IAME	[ſ
STREET ADDRESS			435	TREET	ADDRESS			
CITY ST-ZIP			7.50		- 1			
TITLE	1			<u> ITY</u> -\$1	1-2IP J			
NAME		☐ DELETE			1- ZIP		Change	Addition
STREET ADDRESS		DELETE	4.4 C	TLE	1-2IP		Change	Addition
DINCEL PEDILESS		☐ DELETÉ	4.4 CI 5.1 TI 5.2 No	TLE AME	1-ZIP		Change	Addition
CITY-ST-ZIP			5.1 TI 5.2 N 5.3 S	TLE AME	ADDRESS			
		☐ DELETE	5.1 TI 5.2 N 5.3 S	TLE AME TREET / ITY-SI	ADDRESS		Change	Addition
CITY-ST-ZIP	ď		4.4 Cl 5.1 Tl 5.2 No 5.3 S 5.4 Cl	TLE AME TREET A ITY-SI TLE	ADDRESS			
CITY-ST-ZIP TITLE	i .		4.4 CI 5.1 TI 5.2 NA 5.3 S' 5.4 CI 6.1 TI 6.2 NA	TLE AME TREET / ITY-SI TLE AME	ADDRESS			

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 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.

CICNATURE.

Edilhonto Almacez 4113

Overal publication