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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000063419

1. Corporation Name

AL'S MACHINE SHOP CORPORATION

Principal Place of Business

1791 BLOUNT ROAD BAY 1010
POMPANO BEACH FL 33069

Mailing Address

1791 BLOUNT ROAD BAY 1010
POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1995

4. FEI Number

65-0597903

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

BOSCH A&T SERVICES CORPORATION
5440 NORTH STATE ROAD 7 #8
SUITE 5
FORT LAUDERDALE FL 33069

10. Name and Address of New Registered Agent

81 Name BOSCH A&T SERVICES CORPORATION
82 Street Address (P.O. Box Number is Not Acceptable)
5440 N. STATE Rd. 7, SUITE 5
83
84 City FORT LAUDERDALE FL 85 Zip Code 33319

11. Pursuant to the provisions of Sections 607.052 and 607.128, 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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02/27/99

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE
NAME VELANDIA, ALFONSO E
STREET ADDRESS 190 S.W. 76TH TERRACE
CITY-ST-ZIP MARGATE FL 33068

TITLE VS ☐ DELETE
NAME VELANDIA, FREDDY
STREET ADDRESS 190 S.W. 76TH TERRACE
CITY-ST-ZIP MARGATE FL 33068

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 with all other like empowered.

SIGNATURE:

Signature typed or printed name of signing officer or director

2-27-99 954 9774655

Date

Daytime Phone #