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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B! Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000077578 (8)

A.D. CUTTING CORP.

Principal Place of Business

Mailing Address

FILED May 19 1997 8:00am Secretary of State



8950 EAST 10TH COURT HALEAH FL 33013		3950 EAST 10TH COURT HIALEAH FL 33013-2924						
					3. Date Incorporated or Qualified 09/18/1996	3a. Date of Las	st Report	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FET Number	·	Applied For	
21		26			65-0695715	-0695715 Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u> - </u>		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			Election Campaign Financing Trust Fund Contribution		00 May Be od to Fees	
Zip	Country	Zip	Country		8. This corporation has liability for i	` `		
24	25	29 30				Yes No		
· ************************************	9, Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re	gistered Agent		
	, ALFREDO		8	Namo				
	SW 4TH STREET		8:	2 Street Add	dress (P.O. Box Number is Not Acceptab	ole)		
, MIAN	AI FL 33144							
			8:	3				
			8	City		85 Z	ip Code	
1	_					FL ° ' '	1,5 0000	
agent. I a	m familiar with, and accept the obli	te of Horida. Such change was gations of, Section 607.0505, f	ales, the abo s authorized b "lorida Statute	by the corpora os	poration submits this statement for the patients board of directors. I hereby accept	of the appointment	as registered	
SIGNATURE	Signature, typed or printed name of regerered a	gent and title if applicable (NS ND DIRI CTORS	OIL Registered A	gent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	OFS IN 12	
TITLE	PD	DELLE	1,1 101.6	T	TABLETO OF THE CALL OF THE	Chang		
NAME	DIAZ, ALFREDO		1.2 NAME				,,,	
STREET ADDRESS	6480 SW 4TH STREET			LADDRESS				
CITY-ST-ZIP	MIAMI FL 33144		1.4 CITY-					
TITLE	STD	DELETE		31.71		Chang	ge Additio	
NAME	RODRIGUEZ, MARIO		L_I DELETE 2.1 TITLE 2.2 NAME				,- 🗀	
STREET ADDRESS	1010 WEST 41ST STREET		2.3 STREET ADDIRESS					
CITY-ST-ZIP	HIALEAH FL 33012		2. 4 CHY - S1 - ZIP					
TITLE		DELETE 31				Chang	ge Addition	
NAME			3.2 NAM					
STREET ADDRESS			3.3 STRE	LADDRESS				
CITY-ST-ZIP			3 4. CITY	- S1 - 7IP				
TITLE	DELETE		41 THLE			Chang	ge 🔲 Addition	
NAME			4. 2 NAM	f				
STREET ADDRESS			4.3 STRE	+ I ADDRESS				
CITY-ST-ZIP			4.4 CITY	ST-ZIP				
TITLE		☐ DELFTE	5 1 TITLE			Chang	ge 🔲 Addition	
NAME			5.2 NAME					
STREET ADDRESS	¢.		5.3 STREE	1 ADDRESS				
CITY-ST-ZIP			5.4 CITY	S1 - ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ Chan	ge 🔲 Addition	
NAME			62 NAMI					
STREET ADDRESS			63 STRE	ET ADDRESS				
CITY-ST-ZIP			6.4 CITY					
informatio I am an o	oy certify that the information suppli in indicated on this annual report or fficer or director of the corporation in Block 12 or Block 13 if changed,	suppleme ntal an rual report is or the receiver or trustee empo	strue and acc owered to exc	emption state curate and that coute this repo	od in Section 119.07(3)(i). Florida Statute at my signature shall have the sanic loga ort as required by Chapter 607, Florida S	s. I turther certify the defect as if made statules; and that n	hat the Lunder oath; tha ny name	