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

OCUMENT # P97000010522 (5)

ADVANCED TOOLING CORP.

FILED May 04 1998 8:00am Secretary of State

	and Rusinass	Mailing Address				
Principal Place of Business Mailing Address 272 NE 60TH ST. 272 NE 60TH ST.						
MIAMI FL MIAMI FL					DO NOT WRITE IN THIS S	SPACE
					3. Date Incorporated or Qualified 02/03/1997	TAGE
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-072 4518	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			& Floating Compains Financing	
23		28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
ZIP -	Country	Z(p	Coun		8. This corporation owes or has paid the cur	
Zip 33/.		29 23137	30	USA.		Yes No
	9. Name and Address of Current	t Registered Agent		1 Name	10. Name and Address of New Registered	Agent
ABREU, CARLOS R				Name	SAME:	
272 NE 60TH ST. Miami Fl				Street Addr	ress (P.O. Box Number is Not Acceptable)	
				13		
			L			
			8	City	FL	85 Zip Code
office or r	to the provisions of Sections 607.0502 agistered agent, or both, in the State in familiar with, and accept the obligation.	of Elorida. Such change was	: authorized	by the corporat	poration submits this statement for the purpose of tion's board of d irectors. I hereby accept the app	changing its registered ointment as registered
SIGNATURE	Signature, typod or printed name of regulered ager			Agent signature requir		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12 Change Addition
TITLE	D Abreu, Carlos R	☐ DELETE	1.1 TiTL			Li Citalige L. Addition
NAME Street address	272 NE 60TH ST.		1.2 NAM	ET ADORESS		
CITY-ST-ZIP	MIAMI FL 33/37			- ST-ZIP		
TITLE	DELETE		2.1 TITL			☐ Change ☐ Addition
NAME	2.3		2.2 NAM	IE		
STREET ADDRESS			2.3 STR	ET ADDRESS		
CITY-ST-ZIP			2. 4 CH	/-\$T-ZIP		
TITLE	-	☐ DELETE	3.1 TITL	E		Change Addition
NAME			3.2 NAM	E		
STREET ADDRESS			- 1	ET ADDRESS		
CITY-ST-ZIP		DELETE		7 - \$1 - 2IP		Change Addition
TITLE			4.1 THTL		•	Change C Addition
NAME expect appeared			4. 2 NAA	ET ADDRESS		
STREET ADDRESS				- ST-ZIP		
CITY-ST-ZIP TITLE		DELFTE 5.1				Change Addition
NAME			5.2 NAV	E		
STREET ADDRESS			5.3 S1R	EET ADDRESS		
CITY-ST-ZIP			5.4 City	- \$T - 7IP		
TITLE		☐ DELETE	6.1 TrTL	E .		Change Addition
NAME	(71)		6.2 NAM	Ĕ.		•
STREET ADDRESS	(Shear		6.3 STR	ET ADORESS		
CITY-ST-ZIP	Jour	at and the same as a second		- ST- ZIP	Section 119 07/2)(i) Florida Statutas Lituribar os	etite that the information

4. 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 corporatiops at the receiver or frusted 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 attachment with an address

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2-26-98 (305)410 262