**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **S93316**

1. Corporation Name

ADVANCE PACKAGING EQUIPMENT CORP.

					<u></u> }	9)( \$18() \$18() <b>0</b> (8);	01011 UIU11 1001
Principal Place of Business Mailing Address					•	i	
15300 SW 167	STREET	15300 SW 167 STREET			ļ	t .	
MIAMI FL 33187		MIAMI FL 33187			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
US		US					
					1		
		La Marilla Address			11/12/1991 4. FEI Number	<del>`</del>	pplied For
2. Principal P	lace of Business	2a. Mailing Address	Mailing Address			Not Applicable	
11		26	<u> </u>		65-0304745   Not Applical \$8.75 Additional		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<b>1</b>		5. Certificate of Status Desired Fee Required		
22		City & Chata	City & State				
City & State		<u>├</u> ¬ ′	¬ '		6. Election Campaign Financing Trust Fund Contribution  Added to Fees  Added to Fees		
Zip Country		28 Zip	Zip Country				
Zip	—				8. This corporation owes the current year Intangible Personal Property Tax. Yes You		
24	9. Name and Address of Curr	29 zent Begistered Agent	30		10. Name and Address of New Register		<b>A</b>
	9. Name and Address of Curr	rent Registered Agent		81 Name	10. Name and Addition to Section	;	
MAS	IS, ERNESTO J.					<i>t</i>	
	1 S.W. 81ST STREET			82 Street Ad	Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33193				83			
IND-A	MI 7 E 30 130			63			
				84 City		85 Zip	Code
						<u>- L</u>	
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	ate of Florida. Such change wa	s authorized	by the corpora	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	pointment as r	egistered
SIGNATURE						<u> </u>	
	Signature, typed or printed name of registered	-3		Agent signature requ	ired when reinstating) DATE	i	000 11 40
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	Change	
TITLE	PSD	☐ DELETE	1.1 TIT	ì	- (		Addition
NAME	MASIS, ERNESTO J.		: 1.2 NA		15300 SW. 1675t.	i	
STREET ADDRESS	15121 S.W 81ST STREET		1.3 ST	REET ADDRESS	15300 SW. 1675t. Miami, FL 33187	ÚS	
CITY-ST-ZIP	MIAMIFL			TY-ST-ZIP	111470, 10		A delition
TITLE		DELETE	2.1 TIT	LE	·	Change	Addition
NAME			2.2 NA	ME	•	!	
STREET ADDRESS			2.3 ST	REET ADDRESS	· · ·		_
CITY-ST-ZIP			2.4 CI	TY-ST-ZIP	, , , , , , , , , , , , , , , , , , ,		
TITLE		☐ DELETE	3.1 717	le		☐ Change	Addition
NAME			3.2 NA	ME		ļ	
STREET ADDRESS			3.3 ST	REET ADORESS		1	
CITY-ST-ZIP			3.4 CI	TY-ST-ZIP			
TITLE		☐ DELETE	4.1 ΤΠ	LE		⊢ ☐ Change	Addition
NAME			4. 2 N	AME		-	
STREET ADDRESS			4.3 ST	REET ADDRESS		i	
CITY-ST-ZIP			4.4 CI	TY-ST-ZIP		· · · · · ·	
TITLE		☐ DELETE	5.1 TIT	LE		☐ Change	■ Addition
NAME			5.2 NA	ME		į	·
STREET ADDRESS			5.3 ST	REET ADDRESS		4	
CITY-ST-ZIP			5.4 CI	ry-st-zip		<u> </u>	
TITLE		☐ DELETE	6.1 TIT	1.E		☐ Change	☐ Addition
NAME			6.2 NA	ME		į .	
			6351	DEET ADDRESS		1	1

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 attaching the with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

(305)23V-2779

**FILED** 

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90016 035 \*\*\*150.00