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 # 1. Corporation Name

J46517

(5)

A-1 ADVANCED PACKAGING, INC.

Applied For

Not Applicable

FILED

May 14 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address

3361 N. W. 154TH TERRACE MIAMI FL 33054

2. Principal Place of Business

Culto Ant # ato

21

3361 N. W. 154TH TERRACE MIAMI FL 33054

2a. Mailing Address

DO NOT WRITE IN THIS SPACE

A)20/98 205-681-9652

3. Date Incorporated or Qualified 12/11/1986

59-2748170

4, FEI Number

22	π, φ ιο.	<u></u> ⊢1	27			5. Certificate of Status Desired Fee Regulred		
City & State			City & State			6. Election Campaign Financing \$5.00 May Be		
23		28	28			Trust Fund Contribution		
Zip	Country	Zip	[-	Country		8. This corporation owes or has paid the current year Intangible		
24	25	29	30			Personal Property Tax due June 30. Yes No		
g, Name and Address of Current Registered Agent					Mana	10. Name and Address of New Registered Agent		
MARTINEZ, ALFREDO N				81	Name			
20220 SW 50 PL FT. LAUDERDALE FL 33332				82	82 Street Address (P.O. Box Number is Not Acceptable)			
				83				
				63				
				84	City	FL 85 Zip Code		
11 Purquant	to the provisions of Sections 607.0	15/02 and 607 15/08. Ftd	rida Statules, the	e above	e-named o			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. 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 old galions of, Section 607.0505. Florida Statutes.								
•	m tamiliar with, and accept the on	i galions of, Section 60	7.0505, Florida :	Statutes	3 .			
SIGNATURE Signature, typ-did or painted name of registered agent and title if applicable (NOT). Registered Agent signature required when reinstating). OATE								
12.				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	P DELETE		DELETE 1	1.1 THLE		Change Addition		
NAME	MARTINEZ, ALFREDO N.			1.2 NAME				
STREET ADDRESS	20220 SW 50 PL.			.3 STREET	ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL			1,4 CITY - ST - ZIP				
TITLE	\$	[_]	DELETE 2	2.1 THTL€	1	Change Addition		
NAME	MARTINEZ, ZUNILDA		2	.2 NAME	- 1			
STREET ADDRESS	20220 SW 50 PL		2	3 STREET	ADDRESS	:		
CITY-ST-ZIP	FT. LAUDERDALE FL			4 CITY-5	ST- ZIP			
TITLE		L		1 TITLE		Change Addition		
NAME			1 1	3.2 NAME	ŀ			
STREET ADDRESS				3 STREET	- 1			
CITY-ST-ZIP				4 CITY-5	ST-ZIP	Change Addition		
TITLE		U		L1 TITLE	1	Change Change		
NAME				. 2 NAME	ADDDECC			
STREET ADDRESS				.3 STREET				
CITY-ST-ZIP TITLE				.4 CITY - S	1 · Z#	☐ Change ☐ Addition		
NAME				2 NAME	ļ			
STREET ADDRESS				3 STREET	ADDRESS			
CITY-ST-ZIP			I -	.4 CITY - S		}		
TITLE				in TITLE	"	☐ Change ☐ Addition		
NAME				.2 NAME	1			
STREET ADDRESS				3 STREET	ADDRESS			
CITY-ST-ZIP			1	4 CITY-S				
14. I hereby o	ertify that the information supplied	t with this filing does n	ot qualify for the	exempl	tion 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 of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in								