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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # **J46517** 



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90141 011 \*\*\*150.00

A-1 ADVANCED PACKAGING, INC. Principal Place of Business Mailing Address 3361 N. W. 154TH TERRACE 3361 N. W. 154TH TERRACE MIAMI FL 33054 MIAMI FL 33054 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/11/1986 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2748170 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired  $\Box$ Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Zip Country Zic Country 8. This corporation owes the current year Intangible Έίνο 30 Personal Property Tax. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Martinez, alfredo n Street Address (P.O. Box Number is Not Acceptable) 82 20220 SW 50 PL FT. LAUDERDALE FL 33332 83 Zip Code 85 84 City FI 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 obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change ☐ Addition TITLE □ DELETE 1.1 TITLE MARTINEZ, ALFREDO N. 1.2 NAME NAME 20220 SW 50 PL. 1.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE TITLE 2.1 TITLE MARTINEZ, ZUNILDA 2.2 NAME NAME 20220 SW 50 PL 2.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP Change Addition ☐ DELETE 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 51 TITLE TITLE 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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, on an attachment with an address, with all other like empowered.

**SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/99 (305)681-9652