FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (9)594902 **DOCUMENT #** Corporation Name DYNAMIC PRECISION INC. (D.& P.) Mailing Address Principa! Place of Business 316 MIRACLE MILE 316 MIRACLE MILE CORAL GABLES FL 33134 **CORAL GABLES FL 33134** 3a. Date of Last Report 3. Date Incorporated or Qualified 12/22/1978 02/27/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-1869831 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc Suite. Apt. #, etc. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State \Box Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199,032, Country Z_{iD} Country Yes No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) TAMARGO, FRANCISCO 82 316 MIRACLE MILE 83 **CORAL GABLES FL 33134** Zip Code 85 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of migistered agent and title 4 applicable CR2E034 (12/95 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Change Addition DELFTE TITLE TAMARGO, FRANCISCO 1.2 NAME NAME 316 MIRACLE MILE 1.3 STREET ADDRESS STREET ADDRESS CORAL GABLES FL 14 CHY - ST - ZIP CITY - ST - ZIP Addition ☐ Change DELETE 2 1 DIVE THILE TAMARGO, DAISY J 2.2 NAME NAME 316 MIRACLE MILE 2.3 STREET ADDRESS STHEET ADDRESS CORAL GABLES FL 2 4 CITY - ST - ZIP CITY-ST-ZIP Change Add tion DELETE 3 1 TiTLE THILE TAMARGO, MARISOL 3.2 NAME NAME 316 MIRACLE MILE 3.3 STREET ADDRESS STREET ADDRESS CORAL GABLES FL 3.4 C/TY S1-7/P CITY-ST-ZIP Change Addition DELETE 4 1 bittE VSD TOLE TAMARGO, ANALORENA 4.2 NAME 316 MIRACLE MILE 4.3 STREET AUDRESS STREET ADDRESS CORAL GABLES FL 4.4 CiTY - ST - Z.P CITY-ST-ZIP Add-tion Change DELETÉ 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City-ST-ZiP CITY - ST-ZIP Addition Change DELETE 6 1 THLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 C/TY - \$1 - 7/P 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 certify that the information indicated on this annual report 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 diagneed, or on an attachment with an address. 3/21/96 SIGNATURE: HE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR