FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 07 1998 8:00am PROFIT. FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State annu**a**l repòrt Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (9)594902 DYNAMIC PRECISION INC. (D.& P.) Principal Place of Business Mailing Address 316 MIRACLE MILE 316 MIRACLE MILE **CORAL GABLES FL 33134 CORAL GABLES FL 33134** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/22/1978 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-1869831 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, øtc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution \Box Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yos ☐ No 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TAMARGO, FRANCISCO 316 MIRACLE MILE 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 63 84 City Zip Code 85 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 Signature, typed or printed name of registered agent and title il applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change TITLE TAMARGO, FRANCISCO NAME 1.2 NAME CR2E034 316 MIRACLE MILE STREET ADDRESS 1.3 STREET ADDRESS **CORAL GABLES FL** CITY-ST-ZIP 14 City-St-ZiP DELETE Change Addition TITLE 2.1 TITLE TAMARGO, DAISY J 2.2 NAME 316 MIRACLE MILE STREET ADDRESS 23 STREET ADDRESS **CORAL GABLES FL** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETÉ Change Addition TITLE 3.1 TITLE TAMARGO, MARISOL NAME 3.2 NAME 316 MIRACLE MILE STREET ADDRESS 3.3 STREET ADDRESS **CORAL GABLES FL** 3.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME TAMARGO, ANALORENA 4. 2 NAME 316 MIRACLE MILE STREET ADDRESS 4.3 STREET ADDRESS **CORAL GABLES FL** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby 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 suppliermental 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 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 attachment with an address.

5.3 STREET ADDRESS

6.8 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

2/27/98

Change

Addition