

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED

99 APR 15 AM 9:21



1. Name of Limited Partnership	1a. DOCUMENT # A97000000946
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PRECISION ACCOUNTING SERVICES, LTD.

Mailing Address % SANDRA PEREZ 7891 W. FLAGLER STREET, BOX 386 MIAMI FL 33144	Principal Office Address % SANDRA PEREZ 7891 W. FLAGLER STREET, BOX 386 MIAMI FL 33144	3. Date Formed or Registered 04/28/1997	5a. Capital Contributions as Shown on record \$500.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 10/17/1997	5b. Amount of Capital Contributions in FLORIDA to date
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number NOT APPLICABLE
City & State	City & State	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country	Zip Country	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent PEREZ, SANDRA 7891 W. FLAGLER STREET BOX 386 MIAMI FL 33144	10. If changed, now Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) PEREZ, SANDRA	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 7891 W. FLAGLER STREE	11b. City, State & Zip Code MIAMI FL 33144	11c. Registration/Document Number
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Sandra Perez
Sandra Perez

DATE

4/1/99

Daytime Telephone Number

325-234-2680

CR2E003 (12/98)