Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90256 047 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **F68907**

1. Corporation Name

PRECISA	A INTERNATIONAL CORP.										
Principal Place 4890 SW 74 CT P. O. BOX 5205	т	4890 S P. O.	Mailing Address 4890 SW 74TH CT P. O. BOX 520575							PIBIL BIBIL 1841	
MIAMI FL 33155		MIAMI Us	MIAMI FL 33155 . Us					3. Date incorporated or Qual	VRITE IN THIS	SPACE	
								02/26/1982 4. FEI Number	<u> </u>	1 6-	plied For
<del></del>	lace of Business		ailing Address					59-2376328		<del></del>	t Applicable
Suite, Apt.	# ata	26	uite, Apt. #, etc.	·				39 237 0020		\$8.75 A	
22 Suite, Apr. 1	#, 810.	27	ано, гфт. н, ою. 		-	,		5. Certifcate of Status Desire	d 📮	Fee Re	
City & State	е		ity & State					6. Election Campaign Finance	ing _	\$5.00	May Be
23		28						Trust Fund Contribution	"" <sup>9</sup>	Added t	
Zip	Country	Zi	P	Cou	untry			8. This corporation owes the	current year In		_
24	25	29		30				Personal Property Tax.		Yes	□No
	9. Name and Address of Curre	nt Register	ed Agent		0.41			10. Name and Address of No	w Registered	Ageht	
DI ID	HALES, RICARDO				81	Name	)				
	5 COUNTRY CLUB PRADO				82	Street	Addres	ss (P.O. Box Number is Not Acc	eptable)		
	RAL GABLES FL 33134									<del></del>	
CON	IAE CABLEO I E CO IOT				83						•
					84	City			FL	85 Zip (	Code
44 Duramant	to the provisions of Sections 607.050	02 and 607.	1508. Florida Statu	ites the a	above	-namer	d corpor	ration submits this statement for	the nurnose of	f changing its	registered
TT. Pursuanu						7-1 Jen 116-c					
office or re	to the provisions of Sections 607.051 registered agent, or both, in the State im familiar with, and accept the obligations.	e of Florida	Such change was :	autnonze	o ov	tne cort	ooration	i's board of directors. I hereby a	ccept the appo	intment as re	gisteraa
office or re agent. I as	egistered agent, or both, in the State im familiar with, and accept the obliga-	e of Florida. ations of, Se	ection 607.0505, FI	autnonze orida Stal	tutes.	ine corp	oorauon	is board of directors, Friereby a	ccept trie appo	intment as re	gistered
office or re agent. I at	registered agent, or both, in the State im familiar with, and accept the obligation Signature, typed or printed name of registered age	ent and title if ap	ection 607.0505, FI	authorize orida Staf E: Registered	d Agent	ine corp	oorauon	when reinstating)	DATE	intiment as re	giolorod
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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, or on an attachment with an address, with all other like empowered.

SIGNATURE: >

CITY-ST-ZIP

TURE AND TYPED OR PRINTED DAME OF SIGNING OFFICER OR DIRECTOR

305-669-0898