FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000002129 (5)**

1. Corporation Name

PRECISE FORMS & SYSTEMS, INC.

Principal Place of Business

540 LINCOLN ROAD
MIAMI BEACH FL 33139

Mailing Address

540 LINCOLN ROAD
MIAMI BEACH FL 33139

3. Date Incorporated or Qualified: **04/29/1993**

3a. Date of Last Report: **04/20/1995**

4. FEI Number: ~~NOT APPLICABLE~~ 13-3248399 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation is the ultimate parent of a consolidated group under s. 199.032, Florida Statutes. [ ] Yes [ ] No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip 24 Country 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

ROGOFF PAUL
540 LINCOLN RD.
MIAMI FL 33139

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 and 607.1605 of Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The street address of its registered office and the name of its registered agent are as shown above. The corporation hereby accepts the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 of Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	ROGOFF, PAUL	
STREET ADDRESS	540 LINCOLN RD.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	TD	[ ] DELETE
NAME	ROGOFF, ARLENE	
STREET ADDRESS	540 LINCOLN RD.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96

1 TITLE	[ ] Change	[ ] Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE	[ ] Change	[ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE	[ ] Change	[ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE	[ ] Change	[ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE	[ ] Change	[ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE	[ ] Change	[ ] Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information indicated on this business report, including any additions or changes reported in Section 119.07(5)(a), Florida Statutes, is true and correct. I further certify that the information indicated on this business report, including any additions or changes reported in Section 119.07(5)(a), Florida Statutes, is true and correct. I further certify that I am an officer or director of the corporation or the registered agent of the corporation upon whom this report is filed. Pursuant to Section 607.0505, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document, I am aware and agree that I am liable for the annual report fee.

SIGNATURE: PAUL ROGOFF 3/27/96 (305) 532-2513

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR