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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L21231 (0)
1. Corporation Name
PRECISION MOLD TECHNOLOGIES, INC.



Principal Place of Business
~~6306 NW 82ND AVE~~
MIAMI FL 33166-3427
US

Mailing Address
~~6306 NW 82ND AVE~~
MIAMI FL 33166-3427
US

3. Date Incorporated or Qualified
10/05/1989
3a. Date of Last Report
04/23/1996
4. FEI Number
65-0150781
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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21. 4083 NW 79TH AV. ~~26. SAME~~
Suite Apt. #, etc.
22. City & State
23. MIAMI, FL
Zip
24. 33166
Country
25. City & State
27. City & State
28. Zip
29. Country
30.

9. Name and Address of Current Registered Agent

DOBRILLA, ENRIQUE
~~6306 NW 82ND AVENUE~~
MIAMI FL 33166

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. 4083 79TH AV
84. City MIAMI FL 85. Zip Code 33166

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, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE V ☐ DELETE
NAME DOBRILLA, JOVITA
STREET ADDRESS 40834 SW 102 TERR
CITY-ST-ZIP MIAMI FL
TITLE ☐ DELETE
NAME PST
STREET ADDRESS 40834 SW 102ND TERRACE
CITY-ST-ZIP MIAMI FL
TITLE ☐ DELETE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 8920 SW 150TH CIRCLE CT. N.
1.4 CITY-ST-ZIP MIAMI FL 33196
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 8920 SW 150TH. CIRCLE CT N.
2.4 CITY-ST-ZIP MIAMI FL 33196
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 checked, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/97 (305) 594-1789
Date Daytime Phone #

CR2E034 (9/96)