


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

FILED

Apr 11 1997 8:00am
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
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| DOCUMENT # L97523 (9) | | | |
| 1. Corporation Name PRECISION AUTOMATION SYSTEMS, INC. | | | |
| Principal Place of Business 4784 NORTHWEST 167TH STREET MIAMI FL 33014 | | Mailing Address 4784 NORTHWEST 167TH STREET MIAMI FL 33014-6427 | |
| 2. Principal Place of Business 21 16251 N.W. 54 Ave Suite, Apt. #, etc. 22 City & State 23 Miami FL Zip 24 33014 | | 2a. Mailing Address 26 16251 N.W. 54 Ave Suite, Apt. #, etc. 27 City & State 28 Miami FL Zip 29 33014 Country 30 USA | |
| 3. Date Incorporated or Qualified 09/04/1990 | | 3a. Date of Last Report 04/22/1996 | |
| 4. FEI Number 65-0213897 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 9. Name and Address of Current Registered Agent BERMAN, SAM 4784 N.W. 167TH STREET MIAMI FL 33014 | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 16251 N.W. 54 Ave 83 84 City miami FL 85 Zip Code 33014 | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | P OSBORNE, ROBERT E. 4784 N.W. 167TH STREET MIAMI FL P, VP, S, TR. <input type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | S, VP BERMAN, SAM 4784 N.W. 167TH STREET MIAMI FL S, VP <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP | P, VP, S, TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Berman, Sam 16251 N.W. 54 Ave Miami FL 33014 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | WHEELER, SUSAN 4784 NW 167 STREET MIAMI FL 33014 <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP | S, VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Wheeler, Susan 16251 N.W. 54 Ave Miami, FL 33014 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | VP, TR CAROLE BERMAN 4784 N.W. 167 ST Miami, FL 33014 <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP, TR Berman, Carole 16251 N.W. 54 Ave Miami FL 33014 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 changed, or on an attachment with an address. | | | |
| SIGNATURE: Sam Berman | | Date 4/7/97 3056249666 | |

CR2E034 (9/96)