

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # M12428 (2)
1. Corporation Name
CINTECH PRECISION, INC.



Principal Place of Business
**2605 N.W. 17TH LANE
POMPANO BCH. FL 33064**

Mailing Address
**2605 N.W. 17TH LANE
POMPANO BCH. FL 33064**

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

**QUITTNER, MARVIN
C/O MARVIN QUITTNER, LAW OFFICE, P.A.
7501 N.W. 4TH STREET
PLANTATION FL 33317**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 of the person authorized to change the registered office or agent

Signature of the person authorized to change the registered office or agent

Date

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	GUGORA, BELA	
STREET ADDRESS	7060 SAN SEBASTIAN CIR.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	☐ DELETE
NAME	GUGORA, SUSAN	
STREET ADDRESS	7060 SAN SEBASTIAN CIR.	
CITY-ST-ZIP	BOCA RATON 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
1. NAME	
1.3 STREET ADDRESS	
1.5 CITY-ST-ZIP	
2. TITLE	☐ Change ☐ Addition
2. NAME	
2.3 STREET ADDRESS	
2.5 CITY-ST-ZIP	
3. TITLE	☐ Change ☐ Addition
3. NAME	
3.3 STREET ADDRESS	
3.5 CITY-ST-ZIP	
4. TITLE	☐ Change ☐ Addition
4. NAME	
4.3 STREET ADDRESS	
4.5 CITY-ST-ZIP	
5. TITLE	☐ Change ☐ Addition
5. NAME	
5.3 STREET ADDRESS	
5.5 CITY-ST-ZIP	
6. TITLE	☐ Change ☐ Addition
6. NAME	
6.3 STREET ADDRESS	
6.5 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 19.071(g)(4), 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:

Susan Gugora
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan Gugora

3-29-96 205/975-8040

CR2E034 (12/95)