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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

PRECISION ENGINEERING & TOOLING CORPORATION

Principal Place of Business	Mailing Address			
C/O JEAN-PIERRE TANGHE 13701 N.E. 1ST AVENUE MIAMI FL 33161	C/O JEAN-PIERRE TANCHE 13701 N.E. 1ST AVENUE MIAMI FL 33181			
2. Principal Place of Business	2a. Mailing Address			
511				
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
Suite, Apt. #, etc. 22 City & State	Suite, Apt. #, etc. 27 City & State			

FILED Mar 19 1998 8:00am Secretary of State



Principal Place of Business Malling Address						de Component ion deuts biefd linde ilite deut		PARIT BIRAT RIT	/01 010 66 1666
C/O JEAN-PIERRE TANGHE 13701 N.E. 1ST AVENUE MIAMI FL 33161 C/O JEAN-PIERRE TANGHE 13701 N.E. 1ST AVENUE MIAMI FL 33161 MIAMI FL 33161						DO NOT WRITE II	N THIS S	PACE	
						3. Date Incorporated or Qualified			
• Deliveration of the	loss of Dustage					01/01/1986			
	lace of Business	2a. Mailing Address				4. FEI Number			pplied For
Suite, Apt.	# ete	26 Cuito Ant 41 ata				59-2626352			ot Applicable
22		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & State	θ	City & State				6. Election Campaign Financing	_		May Be
23 Zip	Country	28]	T				<u> </u>		to Fees
	 	Zip	Coun	itry		8. This corporation owes or has pald			
24	25 9. Name and Address of Curre	29	30			Personal Property Tax due June 3			No
		it registered Agent		91	Name	10. Name and Address of New Regi	stered A	gent	
	NGHE, JEAN-PIERRE		1	" '	1480110				
13701 N.E. 18TS AVENUE MIAMI FL 33161			Ī	92	Street Addre	ddress (P.O. Box Number is Not Acceptable)			
				33		,			
			1	ı	City		FL	1 1 1	Code
11. Pursuant t office or re agent. La	to the provisions of Sections 607.05 egistered agent, or both, in the State of familiar with, and accept the oblig	02 and 607,1508, Florida Statut e of Florida. Such change was a gations of, Section 607,0505, Flo	es, the about authorized orida Statu	by th	named corpo he corporatio	oration submits this statement for the pur on's board of directors. I hereby accept	rpose of the appo	changing i	ts registered registered
SIGNATURE									ļ
	Signature, typed or printed name of registered ag			Agent	eigneture requirec	d when reinstating)	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE			
TITLE	P	☐ DELETE	1.1 TITL				ı	Change	Addition
NAME	TANGHE, JEAN-PIERRE		1.2 NAM		ŀ				
STREET ADDRESS	13701 NE 1ST AVE		1.3 \$TR						
CITY-ST-ZIP TITLE	MIAMI FL V	DELETE	1.4 CITY		ZIP			7.	4 4 105
NAME	•	☐ Netter	2.1 TITL					Change	Addition
1	TANGHE, MARGARETHA 13701 NE 1ST AVE		2.2 NAV						1
STREET ADDRESS	MIAMI FL		2.3 STRI						
CITY-ST-ZIP TITLE	MINMI FE	DELETE	2.4 CIT		ZIP		т	Change	Addition
NAME			3.2 NAM	_			L	Criainge	- Applifor
STREET ADDRESS			3.2 NAW		, porce				
CFTY-ST-ZIP									
TITLE	***************************************	☐ DELETE	3.4. CIT		ZIF .		r	Change	Addition
NAME		Second of the last	4. 2 NAS	_			•		الارانانان بي
STREET ADDRESS			4.3 STRE		hpece				
CITY-ST-ZIP			4.4 CITY		1				
TITLE		☐ DELETE	5.1 TITL		<u> </u>		——	Change	Addition
NAME			5.2 NAM						- PARTITION
STREET ADDRESS			5.3 STRE		merss				
CITY-ST-ZIP			5.4 CITY			•			
TITLE		☐ DELETE	6.1 TITL		241			Change	☐ Addition
HAME			6.2 NAM		1			T ANNUAL	
STREET ADDRESS			6.3 STRE		merce	e Car]
CITY-ST-ZIP						∯• . ⊘			.]
O111-01-4#			6.4 CITY	-21-5	.स	<u> </u>			

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.

305-685-0168