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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300001781 (2)
PRECISION WORKS INC.

FILED	
Feb 04 1997 8:00an	1
Secretary of State	

Principal Place of Business Mading Address 3530 E. FAIRVIEW ST. MIAMI FL 33133 MIAMI FL 33133-4017										
					3. Date Incorporated or Qualified 01/04/1993		e of Last F 6/1996	Report		
	Principal Place of Business 28. Mailing Address				4. FEI Number 65-0384458		Applied For Not Applicable			
Suite, Apt.	# Atc	Suite. Apt #, etc							-	
22	π, dic.	27			5. Certificate of Status Desired	D	\$8.75 Additional Fee Required			
City & Stat	е	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zip 24	25						No No	s 199.032,		
	9. Name and Address of Curren	t Registered Agent		<u> </u>	10. Name and Address of New Re	gistered A	gent		-	
	ABIO, GEORGE J 1 PONCE DE LEON BLVD.		[31 Name						
	TE 430			32 Street A	ddress (P.O. Box Number is Not Acceptat	ole)			}	
	RAL GABLES FL 33134		ţī	33					1	
			-	34 City			85 Zip	Code	1	
41 Duraniant	to the provisions of Continue COZ OLO	2 and CO7 11 OD Unida Plat				FL	<u> </u>			
office or r	registered agent, or both, in the State am familiar with, and accept the obliga-	of Florida, Such change was	authorized	by the corpo	corporation submits this statement for the poration's board of directors. Thereby acce	of the abbo	ananging i iintment as	its registered registered		
ŠIGNATURE	ım ramınar with, and accept the obliga	mons or, Section 607,0005, f	IONGA Statu	ies						
	Signature, typed or printed name of registered age			Agent signature r	equired when reinstating)	DATE			_ ا	
12.	OFFICERS AN	D DIRECTORS DELETE	13.	, T	ADDITIONS/CHANGES TO OFFIC		DIRECTOI Change	RS IN 12	9	
NAME	REEP, BRUCE W	C bitte	1.2 NAM	ť			Change		15	
STREET ADDRESS	3530 E. FAIRVIEW ST.		li li	ELLADORESS					S	
CITY-ST-ZIP	MIAMI FL 33133		1.4 CIT	r-ST-ZiP					18	
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Stree t address				TEL ADDRESS	•					
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TITLE		DELFTE	6.1 1111		9000020	791	_ Gam	Addition	1	
NAME			62 NAM	AE.	-02/05/970	1123	003			

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 supplied ental 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 BRUCE.

SIGNATURE: V

NAME STREET ADDRESS

CITY-ST-ZIP

***8.75