## FILE NOW: FILING FEE AFTER MAY 1-13-\$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

2002 DIVISION OF CORPORATIONS

## P93000001781 (2) DOCUMENT #

1. Corporation Name

PRECISION WORKS INC.

FOR: RE-INSTATEMENT

Principal Place of Business 3530 E. FAIRVIEW ST. 3530 E. FAIRVIEW ST. **MIAMI FL 33133** MIAMI FL 33133 3. Date Incorporated or Qualified 3a. Date of Last Report 01/04/1993 04/06/\$\$\$\$.2600 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0384458 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation has liability for intangible tax under s 199.032, Yes No 29 30 Florida Statutes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 BRUCE DEFABIO, GEORGE J ess (P.O. Box Number is Not Acceptable) 82 2121 PONCE DE LEON BLVD. 30 E. FAIRVIEW 83 SUITE 430 CORAL GABLES FL 33134 84 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

WARCH 31, 57 2002 MARCH 31, ST 2002 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 100005449911 - Addison TITLE 1. 1 TITLE REEP, BRUCE W -05/03/02--01052--032 NAME 1.2 NAME 3530 E. FAIRVIEW ST. 1.3 STREET ADDRESS STREET ADDRESS \*\*\*\*908.75 \*\*\*\*908.75 MIAMI FL 33133 1.4 CITY - ST - ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 2: 1 TITLE TITLE

2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3. 1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETÉ ☐ Change ☐ Addition TITLE 4.1 TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ☐ Addition 5. 1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST- ZIP CiTY-ST-ZIP Addition □ DELETE ☐ Change TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

6.4 CITY - ST - ZIP

Bruce W. K

RELASTATEMENT

FILED

02 APR 15 PM 3: 41

SECRETARY OF STATE

CR2E034 (12/95)