

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

**CORPORATION
ANNUAL REPORT
1995**



OFFICE OF REVENUE, STATE
JAMES H. McARTHUR
Treasurer, State
TALLAHASSEE, FLORIDA 32399-0001

DOCUMENT # P94000005425

1. Corporation Name

**ALTAMIRANO TILE CORP.
1355 W. 44 PL. #208
HIALEAH, FL 33012**

Principal Place of Business

Major Address

**1355 W. 44 PL. #208
HIALEAH, FL 33012**

**1355 W. 44 PL. # 208
HIALEAH, FL 33012**

55 MAY -1 AM 9:00

TALLAHASSEE, FLORIDA

600001547976

-07/27/95--01075--024

******200.00 ****200.00**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or chartered
01/24/94

3a. Date of Last Report

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. This Year Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Does corporation have family foundation for charitable purposes?
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21. **1355 W. 44 PL. #208**

2a. Major Address

26. **18022 S.W. 137th Path**

State Apt. # etc.

State Apt. # etc.

22. **#208**

27.

City & State

City & State
MIAMI FL.

23. **HIALEAH, FL 33012**

28.

Zip

Zip
FL 33177

24. **33012**

25. **U.S.A.**

29.

30. **USA.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VERNARDA ALTAMIRANO
1355 W. 44 PLACE #208
HIALEAH, FL 33012**

81. Title

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 220.01 and 220.02, Florida Statutes, the above-named corporation submits the 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, committee, or other authorized agent. I am familiar with and accept the obligations of the corporation under Florida Statutes.

SIGNATURE

Signature of Agent or Secretary or Treasurer or other authorized agent

Signature of Registered Agent or other authorized agent

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

12a. NAME	PRESIDENT
12b. NAME	VERNARDA ALTAMIRANO
12c. NAME	1355 W. 44 PL. # 208
12d. NAME	HIALEAH, FL 33012
12e. NAME	
12f. NAME	
12g. NAME	
12h. NAME	
12i. NAME	
12j. NAME	
12k. NAME	
12l. NAME	
12m. NAME	
12n. NAME	
12o. NAME	
12p. NAME	
12q. NAME	
12r. NAME	
12s. NAME	
12t. NAME	
12u. NAME	
12v. NAME	
12w. NAME	
12x. NAME	
12y. NAME	
12z. NAME	

13a. NAME	☒ Change ☐ Addition
13b. NAME	
13c. NAME	
13d. NAME	
13e. NAME	
13f. NAME	
13g. NAME	
13h. NAME	
13i. NAME	
13j. NAME	
13k. NAME	
13l. NAME	
13m. NAME	
13n. NAME	
13o. NAME	
13p. NAME	
13q. NAME	
13r. NAME	
13s. NAME	
13t. NAME	
13u. NAME	
13v. NAME	
13w. NAME	
13x. NAME	
13y. NAME	
13z. NAME	

REMITTED BY MAY 1

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 194.01(1)(b), 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 treasurer or another empowered to execute this report as required by Chapter 220, Florida Statutes, and that my name appears on Block 12 or Block 13 of a change or continuation filing with an address.

SIGNATURE: Vernarda Altamirano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-95

823-1545

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**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND

JUL 21 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09

DOCUMENT # P74000005477
1. Corporation Name
PRECISION CONSTRUCTORS, INC.
4450 N. JEFFERSON AVE
MIAMI BEACH, FL 33140

Principal Place of Business Mailing Address

AS ABOVE

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

11/13/94

4. FEI Number Applied For
65-0464172 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

BRIAN SHAPIRO
4450 N. JEFFERSON AVE
MIAMI BEACH, FL 33140

10. Name and Address of New Registered Agent

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

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 **BRIAN SHAPIRO PRES**

Brian Shapiro 7/17/95

Signature typed or printed name of registered agent and his or her officer

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PRESIDENT + DIRECTOR + SECY**
NAME **BRIAN SHAPIRO**
STREET ADDRESS **4450 N. JEFFERSON AVE**
CITY, ST, ZIP **MIAMI BEACH, FL 33140**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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CITY, ST, ZIP

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CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

T.S. 7/21/95

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

800001545348
-07/25/95--01064--009
*****\$225.00 ***\$225.00**

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(1)(b), Florida Statutes. I further certify that the information included 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 or 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: **Brian Shapiro** **BRIAN SHAPIRO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/95

305-258-1023
Telephone Number