

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

99 APR 18 PM 4: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000019952 (8)**

1. Corporation Name

PRECISION TOOLS GRINDING, INC.

Principal Place of Business

**701 E. 51ST STREET
HIALEAH FL 33013**

Mailing Address

**701 E. 51ST STREET
HIALEAH FL 33013**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/15/1994

3a. Date of Last Report

4. FEI Number

65-0474111

Applied For

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

21 **675 West 26th. Street**

2a. Mailing Address

26 **675 W. 26th. St.**

Suite, Apt. #, etc

Suite, Apt. #, etc

22

City & State

23 **Hialeah - Fl.**

27

City & State

28 **Hialeah - Fl.**

24 Zip

24 **33010-**

Country

25 **Dade**

29 Zip

29 **33010-1209**

Country

30 **Dade**

9. Name and Address of Current Registered Agent

**CLAVERO, OMAR JR
701 E. 51ST STREET
HIALEAH FL 33013**

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 607.0503 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 officer or director of corporation or registered agent (print name)

Signature of Registered Agent (signature required when constituting)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	CLAVERO, OMAR JR
STREET ADDRESS	701 E. 51ST STREET
CITY, ST, ZIP	HIALEAH FL 33013
TITLE	D
NAME	GONZALEZ, REYNA
STREET ADDRESS	19220 S.W. 116TH AVE.
CITY, ST, ZIP	MIAMI FL 33177
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Gonzalez, Richard	
13 STREET ADDRESS	235 W 62 St	
14 CITY, ST, ZIP	Hialeah FL 33012	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on the 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 in the attachment with an address.

SIGNATURE: *Omar Clavero* **OMAR CLAVERO** 1-16-95 (305) 883-1155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR