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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## 1996

DOCUMENT # 1. Corporation Name

SIGNATURE:

P95000065255 (8)

## PRECISION INDUSTRIAL SALES COMPANY

Principal Place of Business Mailing Address						· <u>·</u>					
5220 S.W. 156 PLACE 5220 S.W. 156 PLACE MIAMI FL 33185 MIAMI FL 33185											
J							<ol> <li>Date Incorporated or Qualified 08/23/1995</li> </ol>	3a. I	Date of Last R	leport	
2. Principal Pla	ace of Business	2a. Mailing Address				_   4	4, FEI Number	all	ļ <b>ļ</b>	Applied For	
Suite, Apt. #, etc.		Suite Ant # etc					65-06055	/		Not Applicable	
Soller, Apri. W, etc.		Suite, Apt. #, etc.	27				5. Certificate of Status Desired	atus Desired S8.75 Additional Fee Required			
City & State		City & State					6. Election Campaign Financing			May Be	
3		28	<u>├</u>				Trust Fund Contribution			ed to Fees	
Zιρ	Country	Zip	Zip Country			1	8. This corporation has liability fo		le tax under s		
4	25	29					Florida Statutes Yes No				
	9. Name and Address of Curr	rent Registered Agent		04	Magaza		Name and Address of New	Register	red Agent		
55414				81	Name	Đ					
PRAHL, J			82 Street Add			t Address (	idress (P.O. Box Number is Not Acceptable)				
	NCE DE LEON BLVD.			83	<b> </b>						
SUITE 15	ou Gables fl 33134										
CONAL	ADLES PL 33134			84	City				85 Zi	ip Code	
11. Pursuant to	o the provisions of Sections 607.05	502 and 607 1508. Florida Statute	e the abo	<u></u> 1	L	comoration	enhante this statement for the n	-	·- ;	registered office	
or registere	ed agent, or both, in the State of Fli h, and accept the obligations of, Sc	lorida. Such change was authorize	ed by the c	corpo	oration's	s board of	directors. I hereby accept the ap	pointmen	it as reçiistered	d agent. I am	
SIGNATURE											
Signature typed or printed name of registered agent and title if applicable. (NOTE Register					r signature r	a required when		DAT			
TITLE	OFFICERS A			13. 1. 1 TITLE		Т	ADDITIONS/CHANGES TO OF	FICERS A			
NAME	GARCIA, CALOS	() occur				GA	RCIA, CARLOS	<b>C</b>	Change	Addition	
STREET ADDRESS	5220 S.W. 156 PLACE		1.2 NAME  1.3 STREET ADDRESS			1	HUIM, CARLO.	<b>3</b>			
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STREET ADDRESS					+DDD(CC	.					
1					ADDRESS	' <b> </b>					
14. I do hereby	y certify that the information supplie	ed with this filing is voluntarily furni-	€400 ished and d	does	s not qua	Linalify for the	e exemption stated in Section 11	9 (17/3)(k)	Florida Statu	tes I further	
certify that oath; that I appears in	the information indicated on this ar am an officer or director of the co Block 12 or Block 13 if change, c	n all report or supplemental trinu poration or the receiver or rusted of on an attachment with an addre	al report is empower ess.	s tru red t	e and ac co execut	accurate an ute this rep	nd that my signature shall have the cort as required by Chapter 607, f	e same le forida St	egal effect as it atutes; and the	f made under at my name	

NAME OF SIGNING OFFICER OR DIRECTOR

3/15/96 305-559-9084