


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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90097 045 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000081580

1. Corporation Name
J.S. PRECISION WORK COMPANY

Principal Place of Business
7346 W 30TH CT
HIALEAH FL 33016

Mailing Address
7346 W 30TH CT
HIALEAH FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1996

4. FEI Number

65-0716167

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business 21 10100 NW 130 ST.	2a. Mailing Address 26 10100 NW 130 ST.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 HIALEAH GARDENS, FL	City & State 28 HIA. GARDENS, FL
Zip 24 33018	Country 25 USA
Zip 29 33018	Country 30 USA

9. Name and Address of Current Registered Agent

SUAREZ, JORGE A
7346 W 30TH CT
HIALEAH FL 33016

10. Name and Address of New Registered Agent

81 Name	SUAREZ, JORGE
82 Street Address (P.O. Box Number is Not Acceptable)	10100 NW 130 ST.
83	
84 City	HIALEAH, FL.
85 Zip Code	33018

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ, JORGE A	1.2 NAME	
STREET ADDRESS	7346 W 30TH CT	1.3 STREET ADDRESS	10100 NW 130 ST.
CITY-ST-ZIP	HIALEAH FL 33016	1.4 CITY-ST-ZIP	HIALEAH GDNS, FL. 33018
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ, NIRAIDA	2.2 NAME	
STREET ADDRESS	7346 W 30TH CT	2.3 STREET ADDRESS	10100 NW 130 ST.
CITY-ST-ZIP	HIALEAH FL 33016	2.4 CITY-ST-ZIP	HIALEAH GDNS, FL. 33018
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ, DOUGLAS	3.2 NAME	
STREET ADDRESS	7346 W 30TH CT	3.3 STREET ADDRESS	10100 NW 130 ST.
CITY-ST-ZIP	HIALEAH FL 33016	3.4 CITY-ST-ZIP	HIALEAH GDNS, FL. 33018
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

NIRAIDA SUAREZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/99 (305) 828-5834

CR2E034 (11/98)