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

PROFIT CORPORATION **ANNUAL REPORT**

1997



Sandra B. Mortham

Socretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000089060 (3)

PRECISION MACHINE COMPONENTS INC.

FILED May 12 1997 8:00am Secretary of State



Principal Place	e of Business	Mailing Address						
3563 NW 10TH AVE OAKLAND PARK FL 33309		3563 NW 10TH AVE Oakland Park FL 33309-5926						
					3. Date Incorporated or Qualified 10/28/1996	3a. Date of Las	Report	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	·,	Applied For	
21 1341 N.W. 14AVE. 26				65-0707042 Not App		Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.				7.7.14			Additional	
27					5. Certificate of Status Desired	Fee	Required	
City & State City & State				6. Election Campaign Financing \$5.00 May Be		O May Be		
23 10m1	PARO BEACY FL 28				Trust Fund Contribution			
Zip	Country	Ζιρ	Zip Count		8. This corporation has liability for i	or intangible tax under s. 199.032,		
24 330	69 25 BROWNED	29	30			Yes No		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent		
	BEL, RAPHAEL E		8	1 Name				
3569-NW 10TH AVE 82 5					et Address (P.O. Box Number is Not Acceptable)			
OAKLAND PARK-FL 33309					1341 N.W. 14AV5			
	`		8	3 -43⊅	7-7-7			
			8	4 000		Tee 7	- Codo	
			°		ONGARO BEDEH	FL 85 3	p Code 3069	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Stat	ules, the abo	ve-named co	rporation submits this statement for the p	urpose 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.								
ĺ	int fatilities with this accept the obliga		Tionida Olaida	00.			1	
SIGNATURE	Signalure, typed or printed name of registered ager	ni and little Fapplicable (N	OTE Registored A	gent signature req	uired when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	D	☐ DELETE	1.1 10/1.0		D ANGOZ, RAPINE E. 3563 NOW 10 AUD 13 Pa	Chang	e 🔲 Addition	
NAME	angel, raphael e		1.2 NAM	E 4	ANGOL, RAPHOL L.	*****	1.00	
STREET ADDRESS	3563 NW 10TH AVE		1.3 STRE	FF ADDRESS :	2 CL3 NIN 10 AUS 13	41 N.W.	4,7400.	
CITY-ST-ZIP	OAKLAND PARK FL 33309		1.4 CITY	- S1 - ZIP	\mathcal{T}	eneano Bo	MCH FL	
TITLE		DELETE	217/11			☐ Chang	e 🔲 Addition	
NAME			2.2 NAM	Ε	•			
STREET ADDRESS			2.3 S1RE	ET ADDRESS				
CITY-ST-ZIP				r-S1-ZIP		*. -		
TITLE		DELETE	3.1 7071.5			Chang	e Addilion	
NAME			3.2 NAM					
STREET ADORESS				ET ADDRESS			ļ	
CITY-ST-ZIP				-S1-ZIP				
TITLE		DELETE	4.1 TITU			Chang	e Addition	
NAME			4, 2 NAN					
STREET ADDRESS			- 1	E1 ADDRESS				
CITY-ST-ZIP TITLE		DELETE	4.4 CITY 5.1 TITLE			Chang	e Addition	
1		_ Dett it	5.2 NAM	1			- FT MOUNT	
NAME - REPORTE LABOREDO				}				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP		bruse	5.4 CHY			T 01	h Addition	
TITLE		DELETE	6.1 1/11/			Chang	e 🔲 Addition	
NAME			6.2 NAM					
STREET ADDRESS			63\$1RE	ET ADDRESS			Ţ	
CITY-ST-ZIP			6.4 C/TY	- S1 - ZIP				

I do 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 logal effect as if made under eath; that I am an officer or director of the corporation or the received 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 on an attackment with an address.