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

, PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000089712**1. Corporation Name

PRECISION SPECIALTIES, INC.

Fillicipal Flace	e of Business	Mailing	g Address					•	
14235 S.W. 48TH LANE Miami Fl 33175		14235 S.W. 48TH LANE MIAMI FL 33175							
						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						_10/30/1996			شم
2 Principal Pl	ace of Business	2a, Ma	iling Address			4. FEI Number	App	lied For	
24		26				65-0728951	Not	Applicable	7
Suite, Apt.	#, etc.		ite, Apt. #, etc.				\$8.75 Ad		-
22		27				5, Certificate of Status Desired	Fee Req	uired	
City & State	9		y & State			6. Election Campaign Financing	\$5.00 N	May Be	
23		28				Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip)	Cou	intry	8. This corporation owes the current year Intang		_	
24	25	29		30		1 ersonar Croperty Tax		_No	
	9. Name and Address of Curr	ent Registere	d Agent	_	<u> </u>	10. Name and Address of New Registered Ag	ent		
		,	. '		81 Name			ļ	
	ez, eddie				82 Street	Address (P.O. Box Number is Not Acceptable)		,	
1423	5 S.W. 48TH LANE								
AAIM	/II FL 33175				83	्रिक्ष कर कर है। जिल्ला के स्वरंग के स्व स्वरंग के स्वरंग के			
					84 City	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	85 Zip C	ode 14 17 1	
					-	FL			
-45	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	TO AT FIARRY	suco coande was a	aumonze	O DV INE CUID	corporation submits this statement for the purpose of characteristics of directors. I hereby accept the appointment of the purpose of the appointment of the purpose of the	anging its r nent as reg	egistered istered	
SIGNATURE	Signature, typed or printed name of registered a	ment and title if ann	licable (NOT	F: Registere	1 Agent signature r	equired when reinstating) (100) DATE			<i>=</i>
		AND DIRECTO		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12	(11/98)
TITLE	D	, <u></u>							
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NAME	. —		□ DELETE	1	ITLE IAME	r e e e e e e e e e e e e e e e e e e e	_ Change	[_] Addition	24 (1
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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 except this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or en attachment with an address, with all pitcher like empowered. CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90049 040 ***150.00

305-207-8234