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 # P9800005427 1. Corporation Name

A R C PRECISION, INC.

Principal Place of Business Mailing Address 13063 S.W. 122ND AVENUE 13063 S.W. 122ND				1 (35:100) (10)6:51 (4(1) 66(1) 68(1) 68(1) 68(1) 60(1) 40(0) 4(1) 4(1) 4(1) (861 1.56)
13063 S.W. 122ND AVENUE MIAMI FL 33186		13063 S.W. 122ND AVENUE MIAMI FL 33186		
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed 01/16/1998
- Daile - 1 60		2a. Mailing Address		4 FEI Number Applied For
	ace of Business	-		65 • 0806360 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		\$8.75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip Country		Zip	Country	8. This corporation owes the current year Intangible
24	25	29 30	0	Personal Property Tax.
	g. Name and Address of Current	t Registered Agent		10. Name and Address of New Registered Agent
01110	NIC ALEVANDED D		81 Name	•
1306	ong, alexander r 3 s.w. 122nd avenue		82 Street Add	ress (P.O. Box Number is Not Acceptable)
MIAN	AI FL 33186		83	
ĺ			84 City	85 Zip Code
				FL " <u> </u>
l office or ri	to the provisions of Sections 607.050; egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auth	norized by the corporation	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NOTE: Ri	egistered Agent signature require	ed when reinstating) DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CHIONG, ALEXANDER R		1.2 NAME	
STREET ADDRESS	13063 S.W. 122ND AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2, 4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	Change Addition
NAME !			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	☐ Change ☐ Addith
TITLE		☐ DELETE	4.1 TITLE	[☐ Change ☐ Addith
NAME	÷		4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	•
CITY-ST-ZIP		□ BELETE	4.4 CITY- ST-ZIP	☐ Change ☐ Additi
TITLE		☐ DELETÉ	5.1 TITLE 5.2 NAME	
NAME			5.3 STREET ADDRESS	
STREET ADDRESS			5.4 CITY-ST-ZIP	
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
TITLE		☐ pereie	6.2 NAME	, only of the second of the se
NAME			6.3 STREET ADDRESS	
STREET ADDRESS			0.0 GINEE ADDRESS	

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.

6.4 CITY-ST-ZIP

SIGNATURE: 1

OF SIGNING OFFICER OR DIRECTOR

mexanoul unong, plus.

2/2/99

305-971-1730

FILED

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90113 011 ***150.00