FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V47514** (7)

1. Corporation Name

PRECISION INDUSTRIES (LTD.), INC.

Principal Place of Business	Mailing Address
6600 NW 74TH AVE. MIAMI FL 33166 US	~~6600 NW 74TH AVE.~~ ~~MIAMI FL 33166~~ ~~US~~ 1135 NW 159 DRIVE MIAMI, FL.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
07/02/1992	04/29/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 65-0346347 ☐ 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 has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
OLSEN, RICHARD H ESQ 11900 BISCAYNE BLVD. STE 808 MIAMI FL 33281	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required where indicated.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	MEADE, JOSEPH F JR.	12 NAME	
STREET ADDRESS	1135 NW 159TH DR	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	MEADE, DAVID	22 NAME	
STREET ADDRESS	1135 NW 159TH DR	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	
TITLE	~~S~~	31 TITLE	☑ Change ☐ Addition
NAME	~~HARRIS, DORIE~~	32 NAME	Delete
STREET ADDRESS	1135 NW 159TH DR	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	
TITLE	~~EVPD~~	41 TITLE	☑ Change ☐ Addition
NAME	~~TASHMAN, PHILIP~~	42 NAME	Delete
STREET ADDRESS	~~6600 NW 74TH AVE.~~	43 STREET ADDRESS	
CITY ST ZIP	~~MIAMI FL~~	44 CITY ST ZIP	
TITLE	~~VP~~	51 TITLE	☑ Change ☐ Addition
NAME	~~NICOSIA, CHARLES~~	52 NAME	Delete
STREET ADDRESS	~~6600 NW 74TH AVE.~~	53 STREET ADDRESS	
CITY ST ZIP	~~MIAMI FL~~	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ DAVID C. MUNOZ · President 4/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0180075 CP