FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

FILED
May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
~~1996~~ 1997

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

DOCUMENT # V47514 (7)

1. Corporation Name

PRECISION INDUSTRIES (LTD.), INC.

[redacted]

Principal Place of Business
1135 NW 159DR
~~6600 NW 74TH AVE~~
MIAMI FL ~~33166~~ 33169
US

Mailing Address
1135 NW 159 DR.
~~6600 NW 74TH AVE~~
MIAMI FL ~~33166~~ 33169
US

3. Date Incorporated or Qualified: 07/02/1992
3a. Date of Last Report: 04/22/96

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: 65-0346347	Applie / Not A
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Add Fee Requi
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 Ma Added to F
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under s 199. Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

OLSEN, RICHARD H ESQ
11900 BISCAYNE BLVD.
STE 808
MIAMI FL 33281

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Cor

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 regist 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 ager 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 when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐
NAME	MEADE, JOSEPH F JR.		1.2 NAME	
STREET ADDRESS	1135 NW 159TH DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐
NAME	MEADE, DAVID		2.2 NAME	
STREET ADDRESS	1135 NW 159TH DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐
NAME			5.2 NAME	300002179603
STREET ADDRESS			5.3 STREET ADDRESS	-05/15/97--01002--034
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***165.00
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

5/16/97

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 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 each entry in Block 12 or Block 13 is changed, or an attachment with an address.

SIGNATURE: DAVID C. MEADE 4/28/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR