SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** P95000066365 (4) SHERRY MANUFACTURING (FAR EAST) CO., INC. Principal Place of Business Mailing Address 9599 SW 70 AVE 9599 SW 70 AVE MIAMI FL 33156 MIAMI FL 33156 3. Date Incorporated or Qualified 3a. Date of Last Report 08/22/1995 2a. Mailing Address 4. FEI Number Applied For 2, Principal Place of Business 65-0628131 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired [X]Fee Required 27 City & State City & State \$5.00 May Be 6. Flection Campaign Financing Added to Fees Trust Fund Contribution 23 8. This corporation has liability for intangible tax under s. 199.032 Country Country Z_{1D} Yes X No 30 Florida Statutes 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name SANDLER, GARY 82 Street Address (P.O. Box Number is Not Acceptable) 9599 SW 70 AVE **MIAMI FL 33156** RA 84 City 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 Stocature, typed pripring 4 name of registered agent and title if applicable (NIQTE: Registered Agent signature required when renabitings (96/8) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE 1.1 1111.6 TITLE P/D CR2E034 1.2 NAME NAME Gary Sandler 9599 S.W. 70th Avenue 1.3 STREET ADDRESS STREET ADDRESS 1.4 CHY - \$1 - ZIP CITY-ST-ZIP Miami, FL 33156 Change Addition DELETE 2.1 TITLE TITLE V/S/D 2.2 NAME NAME Lap-Chung Chan 2.3 STREET ADDRESS STREET ADDRESS 271 Hudson Bay Street 2 4 CITY - ST-ZIP Foster City, CA 94404 CITY-ST-ZIF DELETE Change Addition 3.1 TITLE TIT: F 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST ZIP CITY-ST-ZIP Change Addition DELETE 4 ' TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CHTY - S1 - ZIP CITY - ST - ZIP Change Addition DELETE 5 1 TIFLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 C/TY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 6.1 TritE TITLE 6.2 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS 64 CITY - ST-ZIP CITY - ST - ZIP 14. To 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)(k). 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

Lap-Chung Chan

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/1996

(415) 362-2868