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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

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 33156-3023 MIAMI FL 33156 3a. Date of Last Report 3. Date Incorporated or Qualified 08/22/1995 07/09/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0628131 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution Added to Fees 23 28 Country Country Zip This corporation has liability for intangible tax under s. 199.032, Yes XX No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SANDLER, GARY 9599 SW 70 AVE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33156** 83 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 farmiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of region red agent and little if applicable (NOTE: Flegistered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PD DELETE Change Addition TITLE 1.1 TO LE SANDLER, GARY 1.2 NAME NAME 9599 S W 70TH AVE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 1.4 CITY - ST - ZIP CITY - ST - ZIP VSD DELETE ☐ Change 21 TITLE Addition TITLE CHAN, LAP-CHUNG 22 NAME NAME 271 HUDSON BAY ST STREET ADDRESS 23 STREET ADDRESS **FOSTER CITY CA** 2 4 CITY - ST-ZIP CHTY - ST - ZIF DELETE Change Addition 71TLF 3.1 THEF NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TOTALE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZP ■ DELETE ___ Change Addition 5.1 TITLE THILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIE DELETE Change Addition 6.1 TITLE TOTALE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-\$T-2IP CITY-S1-ZIP

14. I do 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.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

Lap+Chung Chan

1/13/97

(415) 362-2868

FILED

Jan 22 1997 8:00am

Secretary of State

Daytime Phone #

CR2E034