FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

SHERF	IY MANUFACTURING (FAR				
		Mailing Address			
9599 SW 70 AVE MIAMI FL 33156		9599 SW 70 AVE MIAMI FL 33156			
		WIND TE COTO		DO NOT WRITE IN	THIS SPACE
				3. Date incorporated or Qualified	
				08/22/1995	
—	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0628131	Not Applicable
Suite, Apt.	#, G IC.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat	<u> </u>	City & State			Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid th	
24	25		30	Personal Property Tax due June 30.	X Yes No
	9, Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Registr	ered Agent
	NDLER, GARY		81 Name		
9599 SW 70 AVE			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
MI/	AMI FL 33156		63		
			03		
			84 City		FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607 050	12 and 607 1508 Elorida Statute	as the show named con		
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was a alions of, Section 607.0505, Flo	uthorized by the corporation Statutes.	poration submits this statement for the purportion's board of directors. I hereby accept the	e appointment as registered
SIGNATURE		·			
	Signature, typed or printed name of registered and		Registered Agent signature readi		ATE
12,	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD CANOLED CARV	L_ DELETE	1.3 TITLE		Change Addition
NAME	SANDLER, GARY		1.2 NAME		
STREET ADDRESS	9599 S W 70TH AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	VSD	DELETE	14 CHY+SI+ZIP		Change Addition
NAME	CHAN, LAP-CHUNG	☐ Detete	2 1 TITLE 2 2 NAME		Change Addition
STREET ADDRESS	271 HUDSON BAY ST				
CATY-ST-ZIP	FOSTER CITY CA		2.3 STREET ADDRESS 2.4 CITY-ST-7IP	•	•
TITLE	, Jaien en (en	DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY- \$1- ZIP		
TITLE		☐ DELETE	4.1 T(1)(E		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-S1-7IP		
TITLE		DELETE	5 1 THILE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CHTY-ST-ZIP		
TITLE		☐ DETELE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. Thereby 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 offect as if made under eath; 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.

Lap-Chung Chan

1/21/98

(415) 362-2868

FILED

Feb 04 1998 8:00am

Secretary of State