**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000066365

1. Corporation Name

SHERRY MANUFACTURING (FAR EAST) CO., INC.

| Principal Place of Business | Mailing Ad |
|-----------------------------|------------|
| 9599 SW 70 AVE              | 9599 SW 7  |
| MIAMI FL 33156              | MIAMI FL 3 |

## **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90164 009 \*\*\*150.00



| Principal Place      | e of Business  | Mailing Add          | ress            |                            |       |                      |  |                    | #111 <b>48</b> 111 24112                     | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 11119 61           | 14: 611) 188)     |     |
|----------------------|--|----------------------|-----------------|----------------------------|-------|----------------------|--|--------------------|--|---|--------------------|-------------------|-----|
| 9599 SW 70 AV        | Æ  | 9599 SW 70           | 9599 SW 70 AVE  |                            |       |                      |  |                    |  |   |                    |                   |     |
| MIAMI FL 33156       |  |                      |                 | DO NOT WRITE IN THIS SPACE |       |                      |  |                    |  |   |                    |                   |     |
|                      |  |                      |                 |                            |       |                      | 3. Date Incorpo<br>08/22/199                 | orated or Qualifed | <u> </u>                                     |   |                    |                   |     |
| 2. Principal Pla     | ace of Business  | 2a. Mailing          | Address         | _                          |       |                      | 4. FEI Number                                |                    |  |   | Appli              | ed For            | 1   |
| 21                   |  | 26                   |                 |                            |       |                      | 65-06281                                     | 31                 |  |   | Not /              | Applicable        | 1   |
| Suite, Apt. :        | #, etc.  | Suite, Ap            | pt. #, etc.     |                            |       |                      | 5. Certifcate of                             | Status Desired     |  | •                                       | <b>5</b> Ade Requ  | ditional<br>ired  |     |
| City & State         | 9  | City & S             | tate            | ·                          |       |                      | 6. Election Car<br>Trust Fund (              | npaign Financing   |  | <b>\$5.</b> 0<br>Add                    | 00 M<br>ed to      |                   |     |
| Zip                  | Country  | Zip                  | ·               | Cou                        | ntry  |                      | 8. This corpora                              | tion owes the cur  | rent vear Inta                               | angible                                 |                    |                   | 1   |
| 24                   | 25   | 29                   | 3               | 0                          |       |                      | Personal Pro                                 |                    |  | Yes                                     |                    | ]No               |     |
|                      | 9. Name and Address of Curre   |                      |                 |                            |       |                      | 10. Name and                                 | Address of New     | Registered A                                 | Agent                                   |                    |                   | ]   |
|                      |  |                      |                 |                            | 81    | Name                 |  |                    |  |   |                    |                   |     |
|                      | DLER, GARY<br>SW 70 AVE  |                      |                 |                            | 82    | Street Addre         | ess (P.O. Box Num                            | ber is Not Accept  | able)  |   |                    | · -               | 1   |
| MIAM                 | AI FL 33156  |                      |                 | ļ                          | 83    |                      |  |                    |  |   |                    | <del>, _</del>    | 1   |
|                      |  |                      |                 |                            | 84    | City                 |  |                    |  | 85 2                                    | Zip Co             | de                | ┨   |
|                      |  |                      |                 |                            | 04    | City                 |  |                    | FL   | 03 2                                    | ap co              | 11 4              | }   |
| office or re         | to the provisions of Sections 607.05 egistered agent, or both, in the State in familiar with, and accept the oblig | e of Florida. Such o | change was auti | horized                    | by t  | the corporatio       | oration submits this<br>n's board of directo | statement for the  | purpose of<br>pt the appoin                  | changing<br>itment a                    | ilts re<br>s regis | gistered<br>tered |     |
| SIGNATURE            |  |                      |                 |                            |       |                      |  |                    |  |   |                    |                   | ł   |
|                      | Signeture, typed or printed name of registered ag  |                      | (NOTE: R        | <del>-</del> -             | Agent | t signature required |  |                    | DATE   |   |                    |                   | 1 3 |
| 12.                  |  | ND DIRECTORS         |                 | 13.                        |       |                      | ADDITIONS/0                                  | HANGES TO OF       | FICERS AN                                    |   |                    |                   | 1 5 |
| TITLE                | PD CAND  | ł                    | DELETE          | 1.1 111                    | ŗĒ    |                      |  |                    |  | ☐ Chan                                  | ge                 | ☐ Addition        | 3   |
| NAME                 | SANDLER, GARY  |                      |                 | 1.2 NA                     |       | 1                    |  |                    |  |   |                    | •                 | }   |
| STREET ADDRESS       | 9599 S W 70TH AVE  |                      |                 | 1,3 ST                     | REET  | ADDRESS              |  |                    |  |   |                    |                   | {   |
| CITY-ST-ZIP          | MIAMI FL   |                      |                 | 1.4 CIT                    |       | -ZIP                 |  |                    | <u>.                                    </u> |   |                    | □ Addition        | 1 8 |
| TITLE                | VSD CHIMIC   |                      | ☐ DELETE        | 2.1 111                    |       | Ì                    |  |                    |  | Chan                                    | ge                 | ☐ Addition        | `   |
| NAME                 | CHAN, LAP-CHUNG  |                      |                 | 22 NA                      |       |                      |  |                    |  |   |                    |                   | ĺ   |
| STREET ADDRESS       | 271 HUDSON BAY ST  |                      |                 | 1                          |       | ADDRESS              |  |                    |  |   |                    |                   | 1   |
| CITY-ST-ZIP          | FOSTER CITY CA   | ·                    | DELETE          | 2. 4 CJ                    |       | T-ZIP                |  |                    |  | Chan                                    |                    | Addition          | }   |
| TITLE                |  |                      | M DEFEIF        | 3.1 TIT                    |       | ļ                    |  |                    |  | Country                                 | ήc                 | - Vaginois        |     |
| NAME                 |  |                      |                 | 3.2 NA                     |       |                      |  |                    |  |   |                    |                   |     |
| STREET ADDRESS       |  |                      |                 |                            |       | ADDRESS              |  |                    |  |   |                    |                   |     |
| CITY-ST-ZIP          |  | <del></del>          | DELETE          | 3.4. CI<br>4.1 TIT         |       | F-ZIP                |  |                    |  | Char                                    | 100                | Addition          | ┨   |
| TITLE                |  | '                    | LJ DELETE       | 4.1 111<br>4. 2 N          |       | Ì                    |  |                    |  |   | 90                 |                   |     |
| NAME                 |  |                      |                 |                            |       | ADDRESS              |  |                    |  |   |                    |                   |     |
| STREET ADDRESS       |  |                      |                 |                            |       |                      |  |                    |  |   |                    |                   | 1   |
| CITY-ST-ZIP<br>TITLE |  | <del></del>          | DELETE          | 4.4 CIT                    |       | -211                 |  |                    |  | Chan                                    | nge                | ☐ Addition        | 1   |
| NAME                 |  | '                    |                 | 5.2 NA                     |       |                      |  |                    |  | _                                       | -                  | _                 |     |
| 1                    |  |                      |                 | 1                          |       | ADDRESS              |  | •                  |  | •                                       |                    |                   | }   |
| STREET ADDRESS       |  |                      |                 | 5.5 OT                     |       | i                    |  |                    |  |   |                    |                   |     |
| CITY-ST-ZIP          |  |                      | DELETE          | 6.1 TiT                    |       |                      |  |                    |  | Chan                                    | qe                 | Addition          | 1   |
| TITLE                |  |                      |                 | 6.2 NA                     |       | }                    |  |                    |  | <u></u>                                 | •-                 |                   |     |
| NAME                 |  |                      |                 |                            |       | ADDRESS              |  |                    |  |   |                    |                   | İ   |
| STREET ADDRESS       |  |                      |                 |                            | 1     |                      |  |                    |  |   |                    |                   | 1   |

14. I 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, with all other like empowered.

Lap-Chung Chan

Lap-Chung Chan

Lap-Chung Chan

Lap-Chung Chan

March 1, 1999

(415) 362-2868

Daytime Phone #