

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90022 035 ***150.00

0129260

DOCUMENT # V58729

1. Corporation Name

SEWING ONLY INCORPORATED

Principal Place of Business

2475 W. 9TH COURT
HIALEAH FL 33010

Mailing Address

2475 W. 9TH COURT
HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1992

4. FEI Number

65-0354588

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 Sewing Only Inc.

2a. Mailing Address

26 2190 E. 11 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 2190 E. 11 Avenue

27

City & State

23 Hialeah, Florida

City & State

28 Hialeah, Florida

Zip

24 33013

Country

25 U.S.

Zip

29 33013

Country

30 US

9. Name and Address of Current Registered Agent

SMILOWITZ, MANUEL
2475 W. 9TH COURT
HIALEAH FL 33010

10. Name and Address of New Registered Agent

81 Name

Smilowitz, Manuel

82 Street Address (P.O. Box Number is Not Acceptable)

2190 E. 11 Avenue

83

84 City

Hialeah

FL

85 Zip Code

33013

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

4/26/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME SMILOWITZ, MANUEL

STREET ADDRESS 2475 W. 9TH CT.

CITY-ST-ZIP HIALEAH FL

TITLE ☐ DELETE

NAME VS

STREET ADDRESS 2475 W. 9TH CT.

CITY-ST-ZIP HIALEAH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Smilowitz, Manuel

1.3 STREET ADDRESS 2190 E. 11 Avenue

1.4 CITY-ST-ZIP Hialeah, FL 33013

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME VS

2.3 STREET ADDRESS 2190 E. 11 Avenue

2.4 CITY-ST-ZIP Hialeah, FL 33013

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

[Signature]

4/26/99 305-693-5100

Date

Daytime Phone #

CR2E034 (11/98)