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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 270914

1. Corporation							
GENERAL WIG MANUFACTURERS, INC.							
					I FEMILO ISOS INDEL NOLIN IBENI ITALI DENI DINI DENI DENIE DENIE	I #4081 01041 01011 1001	
						1	
Principal Place of Business Mailing Address					£ { \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1 41411 61511 61611 1001	
14110 NW 57 CT 14110 NW 57 CT							
MIAMI LAKES FL 33014 MIAMI LAKES FL 33014							
					DO NOT WRITE IN THIS SPAC	E	
					3. Date Incorporated or Qualifed 06/14/1963		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			59-1008784	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc				E Contiforto of Status Desired	.75 Additional		
22 27					5. Certificate of otatus besifeti	ee Required	
City & State City & State					6. Election Campaign Financing 55	5.00 May Be	
23	28				Trust Fund Contribution Added to Fees		
Zip	Country Zip		Country	· · · · · · · · · · · · · · · · · · ·			
24	25 29 30		0		Personal Property Tax.		
	9. Name and Address of Currer	t Registered Agent			10. Name and Address of New Registered Agent		
			81	Name			
THE PRENTICE-HALL CORPORATION SYSTEM INC.					Address (P.O. Box Number is Not Acceptable)		
1201 HAYS STREET				0			
SUITE 105			83				
TALLAHASSEE FL 32301			84	City	85	Zip Code	
			84	City	FL °°	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							
office or re	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such change was auti	horized by	the corp	poration's board of directors. I hereby accept the appointment	as registered	
_	in familiar with, and accept the conge	mons of occupied the second					
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable NOTE R	Registered Ager	it signature i	required when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIR		
TITLE	VD	DELETE	1 1 TITLE		TAKAYOSHI OKAMOTO TAKAYOSHI OKAMOTO TAKAYOSHI OKAMOTO	hange DAcdition	
NAME	FOX, WILLIAM	/	1.2 NAME		TAKAYOSHI	•	
STREET ADDRESS	625 MADISON AVE		13 STREET	ADDRESS	12-4 3414 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	1 160	
CITY-ST-ZIP	NEW YORK NY		14 CITY-S	1 - ZIP	SHIN JUKY-KY, TOKYO, JAPAN	100	
TITLE	AT	X DELETE	2 1 TITLE		SHINTUKU-KU, TOKYO, JAPAN SHILEMI, KAMIMURA HOME SHILE SHINTUKU 2 CHOME	hange Addition	
NAME	ELLIOTT, LAWRENCE	,	2 2 NAME		SHILEM! KAMIMUKH Home	ŕ	
STREET ADDRESS	2147 RT 27		23 STREET	TADDRESS	12-4 SHINDVKV 2 DIVINE		
CITY-ST-ZIP	EDISON NJ		2.4 CITY+9		SHINJUKU-KV, TOKYO, JAJA	N 160	
TITLE	P	▼ DELETE	3 I TITLE		, oc	hange Acdition	
NAME	FELLOWS, GEORGE	,	32 NAME		MASAHARU NAKAO CHOME	,	
STREET ADDRESS	625 MADISON AVE		33 STREET	ADDRESS	12-4 SHINDVKY & CHOME	1 11-	
CiTY-ST-ZIP	NEW YORK NY 10022		34 CITY-9	ST-ZIP	SHINJUKU-KU, TOKYO, JAPA	N 160	
TITLE	V	X DELETE	41 TITLE		<i>ρ</i> . □c	hange XAcdition	
NAME	DESSEN, STANLEY B	/	4 2 NAME		ALAN SMILEY CT	′	
STREET ADDRESS	625 MADISON AVE			f address	14110 NW 57th CT	ļ	
	NEW YORK NY		44 CITY-S		MINIM LAKE, FL SSOLY	ļ	
CITY-ST-ZIP	T	X DELETE	5 1 TITLE		MIAM LAKES, FL 33014	hange Acdition	
NAME	BERNS, STEVEN	7	52 NAME		DAVID RUBIN + C+ 14110 NW 57 + C+ MIAMI LAKES, FL 33014		
STREET ADDRESS	625 MADISON AVE			T ADDRESS	14110 NW STYN CT	ļ	
	NEW YORK NY		54 CITY-S		MIAMI LAKES EL 33014	i	
CITY-ST-ZIP	NEW TORK NT	M DELETE	61 TITLE			hange Addition	

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 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 chapted, or on an attachment with an address, with all other like empowered.

62 NAME 63 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: Ø

STREET ADDRESS

KRETZMAN, ROBERT K

625 MADISON AVENUE

NEW YORK NY

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER