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

**CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** J17869

(5)

## **FILED** Mar 13 1998 8:00am Secretary of State

SINGE	R PRODUCTS, INC.		(-)							<b></b>		
Principal Plac	e of Business	Mailing A	Address					E PODINIO OPOT LEDER LEDDE EDATO BULLO EDAT	FIRM DUDIN D		ANE DEBIE LA DE	
1840 WEST 49TH STREET 1840 W 49 ST SUITE 501 SUITE 501 HIALEAH FL 33012 HIALEAH FL 33012								DO NOT WRITE IN THIS SPACE				
US	•••	US					-	3. Date Incorporated or Qualified				
								06/05/1986				
	Place of Business	2a. Mailir	ng Address					4. FEI Number		<del></del>	oplied For	
21		26						<u>59-2677277</u>			ot Applicable	
Suite, Apt.	.#, <b>8</b> 1C.		Suite, Apt. #, etc.					5. Certificate of Status Desired	X		Additional aguired	
City & Stat	to .	27 City	City & State					- Clastic Occupies Financia			<del>-i</del>	
23	ld .		28					Election Campaign Financing     Trust Fund Contribution	_		May Be to Fees	
Zip	Country	Zip		Cour	ntry			8. This corporation owes or has paid				
24	25	29		30	•		ļ	Personal Property Tax due June 30	_		No No	
1221	9. Name and Address of Currer	nt Registered	Agent	<u> </u>				10. Name and Address of New Regis	itered Ag	ent		
. DI	EQUEZ, ANTHONY				81	Name						
	340 W. 49TH ST.,STE.411			F	82	Street	Addres	s (P.O. Box Number is Not Acceptable)	<del></del>			
	ALEAH FL 33012			L	$\sqcup$	0001						
1					83							
1				F	84	City				<b>85</b> Zip	Code	
						•			FL			
11. Pursuant office or I	to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 607.150 of Florida Su	18, Florida Statut ch change was :	es, the ab authorized	ove by	named the con	corpor poration	ation submits this statement for the pur i's board of directors. I hereby accept t	pose of cl he appoir	nanging li ntment as	s registered registered	
agent. I a	am familiar with, and accept the oblig	ations of, Sect	on 607. <b>050</b> 5, Fi	orida Statu	utes				, -		Ü	
SIGNATURE			4107		<b>A</b>	-4 -14		when reinstating)	DATE			
12.	Signature, typed or printed name of registered agr OFFICERS AN		<u> </u>	13.	Ager	ni signature	requireo	ADDITIONS/CHANGES TO OFFICE		IRECTOR	S IN 12	
TITLE	CP	o o i i Lovo i c	DELETE	1.1 TIT	LE					Change	Addition	
NAME	ROJAS, JAIME		1.2 NAME									
STREET ADDRESS	1840 WEST 49TH, #501		1.3 9			1.3 STREET ADDRESS						
CITY-ST-ZIP	HIALEAH FL			1.4 C(T	Y-S1	T-ZIP				_		
TITLE	S		DELETE	2.1 TIT	ιE		S		70	Change	Addition	
NAME	THALHEIMER, MARIA DEL C	armen	•	2.2 NA	ME		Mar	ia Victoria Rojas				
STREET ADDRESS	1840 WEST 49TH, #501			2.3 STI	REET /			0 W. 49th. St. Su	ite !	501.		
CITY - ST - ZIP	HIALEAH FL			2. 4 CI	1Y-5			leah, F1, 33012				
TITLE	AS		DELETE	3.1 111	LE					Change	Addition	
NAME	DIEGUEZ, ANTHONY			3.2 NA	ME							
STREET ADDRESS	1840 W. 49TH ST #411					address						
CITY-ST-ZIP	HIALEAH FL		Decree	3.4. CH		T-ZIP		<del> </del>		1 06	A alare -	
TITLE			☐ DELETE	4.1 317					i	Change	Addition	
NAME				4. 2 NA								
STREET ADDRESS	1			4.3 STF	REET A	address						
							]					
CITY-ST-ZIP			DESETE	4.4 CIT		r- ZIP			Г	Channe	Addition	
TITLE			DELETE	4.4 CtT 5.1 TtT	LE	r- ZIP			C	Change	Addition	
TITLE NAME		·····	DELETE	4.4 CiT 5.1 TiTI 5.2 NAI	LE Me					Change	Addition	
TITLE NAME STREET ADDRESS			DELETE	4.4 CfT 5.1 TfT 5.2 NAI 5.3 STF	LE Me Reet <i>i</i>	ADDRES\$			С	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				4.4 CiT 5.1 Titl 5.2 NAI 5.3 STF 5.4 CIT	LE ME REET / Y-ST	ADDRES\$				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			DELETE	4.4 CIT 5.1 TITI 5.2 NAI 5.3 STF 5.4 CIT 6.1 TITI	LE ME REET / Y-ST LE	ADDRES\$						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				4.4 CIT 5.1 TITI 5.2 NAI 5.3 SIF 5.4 CIT 6.1 TITI 6.2 NAI	LE ME REET / Y-ST LE ME	ADDRESS 1- ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				4.4 CIT 5.1 TITI 5.2 NAI 5.3 SIF 5.4 CIT 6.1 TITI 6.2 NAI	LE ME REET / Y-ST LE ME REET /	ADDRESS 1-ZIP ADDRESS						

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 comporation 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 chatged, or on an attachment with an address.

Anthony Dieguez

February 2 1998