

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L68189 (4)

1. Corporation Name  
MIRACLE NEEDLES COMPANY



Principal Place of Business  
14051 SW 105TH ST  
MIAMI FL 33186  
US

Mailing Address  
PO BOX 960521  
MIAMI FL 33296  
US

3. Date Incorporated or Qualified  
04/24/1990

3a. Date of Last Report  
05/01/1995

4. FEI Number  
65-0193703

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

6. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business  
21 Same as above

2a. Mailing Address  
26 Same as above

Suite, Apt. #, etc.  
22

Suite, Apt. #, etc.  
27

City & State  
23

City & State  
28

Zip  
24

Country  
25

Zip  
29

Country  
30

9. Name and Address of Current Registered Agent

GONG, WEIYAN  
14051 SW 105TH ST  
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

GONG, WEIYAN  
4/27/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
DD	GONG, WEIYAN	14051 SW 105TH ST	MIAMI FL	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE	Change	Addition
1. 1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
1. 2 NAME		
1. 3 STREET ADDRESS		
1. 4 CITY - ST - ZIP		
2. 1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
2. 2 NAME		
2. 3 STREET ADDRESS		
2. 4 CITY - ST - ZIP		
3. 1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
3. 2 NAME		
3. 3 STREET ADDRESS		
3. 4 CITY - ST - ZIP		
4. 1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
4. 2 NAME		
4. 3 STREET ADDRESS		
4. 4 CITY - ST - ZIP		
5. 1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
5. 2 NAME		
5. 3 STREET ADDRESS		
5. 4 CITY - ST - ZIP		
6. 1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
6. 2 NAME		
6. 3 STREET ADDRESS		
6. 4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GONG, WEIYAN  
4/27/96

CR2E034 (12/95)