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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # L91851 (0)

1. Corporation Name

KANSAI SPECIAL SEWING MACHINES, CORP.

Principal Place of Business

**7245 NW 54TH STREET
MIAMI FL 33166**

Mailing Address

**7245 NW 54TH STREET
MIAMI FL 33166**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/08/1990** 3a. Date of Last Report **04/20/1994**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

24 Zip 25 Country 29 Zip 30 Country

4. FEI Number **65-0258495** 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 has liability for intangible tax under S. 199.032 Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**CARLOS DE CAMPOS FILHO
7245 NW 54TH STREET
MIAMI FL 33166**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 of application

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

DATE

12. OFFICERS AND DIRECTORS

TITLE **P**
NAME **DE CAMPOS, CARLOS A.**
STREET ADDRESS **7245 NW 54TH STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE **VP**
NAME **DE CAMPOS, CARLOS EDUARD**
STREET ADDRESS **7245 NW 54TH STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE **VP**
NAME **DE CAMPOS FILHO, CARLOS**
STREET ADDRESS **7245 NW 54TH STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE **S**
NAME **MARIA ALICE CAMPOS AMARA**
STREET ADDRESS **7245 NW 54TH STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE **M**
NAME **MARTINS, MARCIO F**
STREET ADDRESS **10015 NW 48 ST, #104**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE Change Addition
42 NAME **VP**
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE Change Addition
52 NAME **VP-T**
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE Change Addition
62 NAME **S**
63 STREET ADDRESS **LUCY DAS GRACAS BRASIL**
64 CITY-ST-ZIP **7245 N.W. 54TH ST MIAMI, FL 33166**

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 110.07(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 owner 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/95 (605)884.5690

(Date) (Phone Number)