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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **L91851** (0)
1. Corporation Name
KANSAI SPECIAL SEWING MACHINES, CORP.



Principal Place of Business Mailing Address
7245 NW 54TH STREET **7245 NW 54TH STREET**
MIAMI FL 33106 **MIAMI FL 33106-4807**

3. Date Incorporated or Qualified **08/08/1990** 3a. Date of Last Report **05/01/1996**
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

2. Principal Place of Business 2a. Mailing Address
21 **2830 N.W. 79th Ave.** 26 **2830 N.W. 79th Ave.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Miami, FL** 28 **Miami, FL**
Zip Country Zip Country
24 **33122** 25 29 **33122** 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
CARLOS DE CAMPOS FILHO B1 Name
7245 NW 54TH STREET B2 Street Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33106 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DE CAMPOS, CARLOS A.			1.2 NAME			
STREET ADDRESS	7245 NW 54TH STREET			1.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL			1.4 CITY - ST - ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DE CAMPOS, CARLOS EDUARD			2.2 NAME			
STREET ADDRESS	7245 NW 54TH STREET			2.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL			2.4 CITY - ST - ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DE CAMPOS FILHO, CARLOS			3.2 NAME			
STREET ADDRESS	7245 NW 54TH STREET			3.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL			3.4 CITY - ST - ZIP			
TITLE	V	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MARIA ALICE CAMPOS AMARA			4.2 NAME			
STREET ADDRESS	7245 NW 54TH STREET			4.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL			4.4 CITY - ST - ZIP			
TITLE	VT	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MARTINS, MARCIO F			5.2 NAME			
STREET ADDRESS	10015 NW 46 ST, #104			5.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL			5.4 CITY - ST - ZIP			
TITLE	S	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BRASIL, GRACAS D LUCY			6.2 NAME			
STREET ADDRESS	7245 N.W. 54TH ST.			6.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL			6.4 CITY - ST - ZIP			

14. I do 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.

SIGNATURE: Marcio F. Martins 4/23/97 (305) _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)