## 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 # M06528 (7)

BROTHER IND. SEWING MACHINES INC.

Principal Place of Business	Mailing Address
356 W. 21ST STREET	356 W. 21ST STREET
HIALEAH FL 33010	HIALEAH FL 33010

**FILED** Apr 07 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>10/17/1984</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 59-2455401 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 26 Added to Fees Country Zφ 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. □ No 24 28 ้ลถ 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name VALDES, NELSON **356 W. 21ST STREET** Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33010 83 84 Zιο Code 11. Pursuant to the provisions of Sections 607.05:02 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change \_\_\_ Addition TITLE VALDES, NELSON 12 NAME MALKE 6301 S.W. 18 St. 5821 N.W. 201 LANE 1.3 STREET ADDRESS STREET ADDRESS MIAMI, F1. 33155 MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP FI Change DELETE. 2.1 TITLE Addition VALDES, GLADYS NAME 2.2 NAME 1301 5.W. 18St 5821 N.W. 201 LANE 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Chance Addition 31 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 33 STREET ADDRESS 3 4, CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DE LE TE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELFTE Change ☐ Addition TITLE 61 TITLE NAME 6.2 NAME

14. Thereby certify that the information supplied with this films, indicated on this annual report or supplements annual operation of the control of the con oes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information it is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an emprovered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

3/30/58 (305) 588-9410