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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M06528

1. Corporation Name

BROTHER IND. SEWING MACHINES INC.

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

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90079 041 \*\*\*150.00



Principal Place	e of Business	Mailing Address				,			
356 W. 21ST S		356 W. 21ST STREE	ET						
HIALEAH FL 33010 HIALEAH FL 33010						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed	THIO OF AGE	_	
						10/17/1984			
2 Principal P	lace of Business	2a. Mailing Addres	S		<del> </del>	4. FEI Number	Ap	plied For	
21	idos or Businoss	26	-			59-2455401	<u> </u>	t Applicable≝	
Suite, Apt.	#. etc.	Suite, Apt. #, e	etc.		<del>:</del>		\$8.75	Additional	
22	•	27				5. Certifcate of Status Desired	Fee Re	quired	
City & Stat	<u> </u>	City & State				6. Election Campaign Financing	\$5.00	May Be	
23	-	28				Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zip		Country		8. This corporation owes the current y	ear Intangible	_	
24	25	29	30			Personal Property Tax.	Yes	□No	
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Regis	tered Agent		
1141	DEC NELCON			81	Name				
	DES, NELSON			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	W. 21ST STREET								
HIAL	EAH FL 33010			83					
				84	City		85 Zip (	Code	}
				04	City		FL   5	5040	ļ
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida	Statutes, the	e above	e-named corpo	oration submits this statement for the purp	ose of changing its	registered	
office or r	registered agent, or both, in the State or familiar with, and accept the oblig	e of Florida. Such change rations of Section 607.05	was authori	zed by	the corporation	on's board of directors. I hereby accept the	appointment as re	gistered	,
anent La			ius. Fiorida S	tatutes.					
		gations of, Occion cor.oc	oos, Fiorida S	tatutes.					
agent. I a SIGNATURE	Signature, typed or printed name of registered ag				nt signature required		ATE		á
	Signature, typed or printed name of registered ag		(NOTE: Regist			d when reinstating)  ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO		(80/)
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable.	(NOTE: Regist	ered Agen				PRS IN 12	(41/08)
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable.	(NOTE: Regist	ered Agen			RS AND DIRECTO		34 (11/08)
SIGNATURE  12.	Signature, typed or printed name of registered at OFFICERS A	gent and title if applicable.	(NOTE: Regist	tered Agen 13. .1 TITLE .2 NAME			RS AND DIRECTO		111
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered as OFFICERS A PD VALDES, NELSON	gent and title if applicable.	(NOTE: Regist  1.ETE 1.	tered Agen 13. .1 TITLE .2 NAME	nt signature required		RS AND DIRECTO	☐ Addition	111
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered as OFFICERS A PD VALDES, NELSON 6301 SW 18TH ST	gent and title if applicable.	(NOTE: Regist 1.ETE 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	ered Agen 13. .1 TITLE .2 NAME .3 STREET	nt signature required		RS AND DIRECTO		111
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered as OFFICERS A PD VALDES, NELSON 6301 SW 18TH ST MIAMI FL 33155	gent and title if applicable.  AND DIRECTORS  DEL	(NOTE: Registress)  .ETE 1. 1. 1. 1ETE 2	13. .1 TITLE .2 NAME .3 STREET	nt signature required		RS AND DIRECTO	☐ Addition	111
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered at OFFICERS A PD VALDES, NELSON 6301 SW 18TH ST MIAMI FL 33155 STD VALDES, GLADYS	gent and title if applicable.  AND DIRECTORS  DEL  -  DEL	(NOTE: Regist 1.ETE 1.1.1.ETE 2.2	ered Agen  13.  1 TITLE  2 NAME  3 STREET  4 CITY-SI  1 TITLE  2 NAME	nt signature required		RS AND DIRECTO	☐ Addition	111
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered at OFFICERS A PD VALDES, NELSON 6301 SW 18TH ST MIAMI FL 33155 STD VALDES, GLADYS	gent and title if applicable.  AND DIRECTORS  DEL  -  DEL	(NOTE: Regist 1	ered Agen  13.  1 TITLE  2 NAME  3 STREET  4 CITY-SI  1 TITLE  2 NAME	T ADDRESS T-ZIP		RS AND DIRECTO	☐ Addition	111
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS A  PD VALDES, NELSON 6301 SW 18TH ST MIAMI FL 33155 STD VALDES, GLADYS 6301-SW-18TH-STREET MIAMI FL 33155	gent and title if applicable.  AND DIRECTORS  DEL  DEL	(NOTE: Regist 1.	ered Agen 13. 1 TITLE 2 NAME 3 STREET 4 CITY-SI 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 4 CITY-S 3 STREET 5 CITY-S 1 TITLE 5 NAME 6 STREET 6 CITY-S 6 TITLE 6 NAME 6 STREET	T ADDRESS T-ZIP		RS AND DIRECTO Change Change Change	Addition Addition Addition	111
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6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filting 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 supplied ental angular point 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 a xecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address with all other like empowered.

SIGNATURE:

JUEZ IN

PALDET