

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**

95 AUG -7 AM 11: 29

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # P23810 (5)**

1. Corporation Name

**ACE SCHIFFLI EMBROIDERY CO. INC.**

Principal Place of Business

4920 N.W. 165TH STREET  
MIAMI LAKES FL 33014-6326

Mailing Address

4920 N.W. 165TH STREET  
MIAMI LAKES FL 33014-6326

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/11/1989

3a. Date of Last Report

05/17/1994

4. FEI Number

22-1428535

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 4370 NW 128 ST

2a. Mailing Address

26 4370 NW 128<sup>th</sup> ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 OPALOCKA FL

City & State

28 OPALOCKA FL

Zip

24 33054

Country

25 USA

Zip

29 33054

Country

30 USA

9. Name and Address of Current Registered Agent

BRODY, J. LEWIS  
4920 NW 165 ST  
MIAMI FL 33014

10. Name and Address of New Registered Agent

81 Name BRODY, J. LEWIS  
82 Street Address (P.O. Box Number is Not Acceptable) 4370 NW 128<sup>th</sup> ST.  
83  
84 City OPA- LOCKA FL 85 Zip Code 33054

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 reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BRODY, J. LEWIS
STREET ADDRESS	2715 WALKERS WAY
CITY - ST - ZIP	WESTON FL
TITLE	S
NAME	BRODY, PHYLLIS
STREET ADDRESS	2715 WALKERS WAY
CITY - ST - ZIP	WESTON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BRODY, J. LEWIS	
1.3 STREET ADDRESS	445 CAMERON DRIVE	
1.4 CITY - ST - ZIP	WESTON, FL 33326	
2.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BRODY, PHYLLIS	
2.3 STREET ADDRESS	445 CAMERON DRIVE	
2.4 CITY - ST - ZIP	WESTON, FL 33326	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 110.07(3)(b), 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/95

305 688 8000

CR2E034 (3/95)