FILED

03-10-1999 90005 012 ***150.00

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 # P95000048917

| JAPAN SEWING MACHINES U.S.A., INC. | | | | | | | | | | | 1 (1.3 1(.)) (10.10(.)) (11) (1 | Bill Galli aalii aali | is ang a kalin i a isi | HAN KRA IARK |
|---|--|--|-----------------|---------------------|--------------|-----------------|--------------------------|---|--------------------|----------------------------------|--|-----------------------|--------------------------------------|-----------------|
| | | | | | | | | | | | | | | |
| Principal Place | of Business | | | Mailing Addr | ress | | | | | 1 | i indiindi il a ibiat ditii d | | s Biedt Intin Intal | 11811 1861 1881 |
| 777 NW 72ND AVENUE 777 NW 72ND AVENUE | | | | | | | | | | | | | ÷ | |
| 28B-62 2BB-62 | | | | | | | | | | | DO NOT | WRITE IN THI | S SPACE | |
| MIAMI FL 33126 MIAMI FL 33126 US US | | | | | | | | | | 3. Date Incorporated or Qualifed | | | | |
| 00 | | | | | | | | | | | 06/22/1995 | | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | | | | | | FEI Number | | Apı | plied For |
| 21 | | | | 26 | | | | | | | 65-0592808 | | - No | t Applicable |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | | 5. | Certifcate of Status Desir | red 🔲 | *** \$8.75 A | | |
| 22 | | 2 | City & State | | | | | | - | #14' C+' F' | | | <u>-</u> | |
| City & State | | | | City & State | | | | | | | Election Campaign Finan Trust Fund Contribution | | \$5.00 Added to | - 1 |
| Zip Country | | | | Zip Co | | | | Country | | | This corporation owes the | e current vear l | | |
| 24 | 2 | 5 | 2 | — · | | 30 | • | | | | Personal Property Tax. | | | □No |
| 24 | | nd Address o | | | ent | | | | | 10. | Name and Address of I | New Registere | d Agent | |
| | | | | | | | 81 | ١ | Name | | | | | } |
| BOREN, BARRY M | | | | | | | 82 | 82 Street Address (P.O. Box Number is Not A | | | | cceptable) | | |
| 9200 SOUTH DADELAND BLVD. SUITE 412 | | | | | | | 83 | 83 | | | | | | |
| MIAMI FL 33156 | | | | | | | L | ļ. <u>.</u> | | | <u> </u> | | 0= 7:-/ | 20.00 |
| | | | | | | | 84 | | Dity | | | F | | |
| 11. Pursuant | to the provisio | ns of Sections | 607.0502 and | d 607.1508, F | Florida Stat | tutes, t | the above | e-na | amed corpor | ration | submits this statement for ard of directors. I hereby | or the purpose of | of changing its | registered |
| agent. I a | egistered agei m familiar with | nt, or both, in the same and accept the same a | the obligations | of, Section 6 | 307.0505, F | -lorida | Statutes | | 3 corporation | | ard or an oolors. I horoby | docopt and app | 0.,, | 3 , |
| SIGNATURE | | | | | | | | | | | | DATE | | i |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re | | | | | | | 13. | nt sig | gnature required v | | DDITIONS/CHANGES T | | AND DIRECTO | RS IN 12 |
| 12. | P | OFFIC | JERO AND DI | | DELETE | - | 1.1 TITLE | | | | DDITIONO GITANOLO I | O OIT IOLITO | ☐ Change | Addition |
| NAME | • | T7 ARRAHA | M | | _ | | 1.2 NAME | | | | | | | ; |
| STREET ADDRESS | POMERANTZ, ABRAHAM ss 19101 MYSTIC POINT DR, #1606 | | | | | | 1.3 STREET ADDRESS | | | | • | | | İ |
| CITY-ST-ZIP | | AMI BEACH | | | | 1.4 CITY-ST-ZIP | | P _ | | | | | | |
| TITLE | | | | [| DELETE | | 2.1 TITLE | | | | t yes themes | | Change | Addition |
| NAME | ı I | | | | | | 2.2 NAME | | | | | | | |
| STREET ADDRESS | ss | | | | | 2 | 2.3 STREET | DRESS | | | | | | |
| CITY-ST-ZIP | | | | , | | _ | 2. 4 CITY-S | ST-Z | IP | | | | | ☐ Addition |
| TITLE | | | | Į | ☐ DELETE | 1 | 3.1 TITLE | | | | | | Change | L Addition |
| NAME | ı | | | | | | 3.2 NAME | | | | | | | |
| STREET ADDRESS | | | | | | | 3.3 STREET | | | | | | | |
| CITY-ST-ZIP | | | | | DELETE | | 3,4. CITY-S 4.1 TITLE | 51-Z | <u> </u> | | | •••• | Change | Addition |
| TITLE | | | | · | 0000.0 | Ŀ | 4. 2 NAME | | | | | • | | |
| NAME STREET ADDRESS | | | | | | | 4.3 STREET | | DRESS | | | | | |
| STREET ADDRESS | | | | | | | 4.4 CITY-S | | | | | | | |
| TITLE | | | | | DELETE | | 5.1 TITLE | | " | | | • | Change | Addition |
| NAME | | | | | | | 5.2 NAME | | | | | | | |
| STREET ADDRESS | | | | | | | 5.3 STREET | T AD | DRESS | | | | | |
| CITY-ST-ZIP | | | | | | | 5.4 CITY-S | T-ZI | IP | _ | | | | |
| TITLE | | · · · · · · · · · · · · · · · · · · · | | [| ☐ DELETE | | 6.1 TITLE | | | | | | ☐ Change | Addition |
| NAME | | | | | | 1 | 6.2 NAME | | | | | | | ' |
| STREET ADDRESS | | | | | | | 6.3 STREET | TAD | DORESS | | | | | |

CITY-ST-ZIP 14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR