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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000072330 (0)**

1. Corporation Name
A.B.C. SEWING MACHINES INC.

Principal Place of Business	Mailing Address
1095 EAST 27TH STREET HIALEAH FL 33013	1095 EAST 27TH STREET HIALEAH FL 33013-3719

3. Date Incorporated or Qualified: 09/19/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21 3590 NW 71ST	26 3590 NW 71ST
Suite, Apt. #, etc. 22 B	Suite, Apt. #, etc. 27 B
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip 24 33147 Country 25 USA	Zip 29 33147 Country 30 USA

4. FEI Number: 65-0610910 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHAVARRY, ENRIQUE 6861 S.W. 28TH STREET MIAMI FL 33155	81 Name: JOSE R. LUIS 82 Street Address (P.O. Box Number is Not Acceptable): 19430 NW 10 ST. 83 84 City: PEMBROKE PINES FL 85 Zip Code: 33029

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: JOSE R. LUIS — 4-28-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LUIS JOSE R. 19430 NW 10TH ST PEMBROKE PINES FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT JOSE R. LUIS 19430 NW 10 ST PEMBROKE PINES, FL. 33029	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LUIS, JOSE R 19430 N.W. 10TH STREET PEMBROKE PINES FL 33129	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SECRETARY JOSE R. LUIS 19430 NW 10 ST PEMBROKE PINES, FL 33029	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LUIS MAGALLY 19430 NW 10 TH PEMBROKE PINES FL	■ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TREASURER LUIS J. VAZQUEZ 10601 SW 01 LN. MIAMI, FL 33165	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	EXECUTIVE VICE PRESIDENT DIRECTOR JOSE F. GARCIA 2948 SW 64 AVE MIAMI, FL 33155	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

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: JOSE R. LUIS — 4-28-97 — (305) 8350206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0119590