

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

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90003 038 \*\*\*158.75

DOCUMENT # P98000021686

1. Corporation Name SEWTRONICS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1075 E. 13 ST. HIALEAH FL 33010

Mailing Address 1075 E. 13 ST. HIALEAH FL 33010

3. Date Incorporated or Qualified

03/06/1998

2. Principal Place of Business

21 13490 NW 45th Ave

2a. Mailing Address

26 13490 NW 45th Ave

4. FEI Number

65-0817028

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

X

\$8.75 Additional

Fee Required

City & State

23 OPA LOCKA FL

City & State

28 OPA LOCKA FL

6. Election Campaign Financing

□

\$5.00 May Be

Added to Fees

Zip Country

24 33054 25 USA

Zip Country

29 33054 30 USA

8. This corporation owes the current year intangible

Personal Property Tax.

X

Yes □ No

9. Name and Address of Current Registered Agent

GROSS, MICHAEL L  
1075 E. 13 ST.  
HIALEAH FL 33010

10. Name and Address of New Registered Agent

81 Name MICHAEL GROSS  
82 Street Address (P.O. Box Number is Not Acceptable) 13490 NW 45th Ave  
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 *Michael L. Gross*

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	□ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	□ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	□ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	□ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	□ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	□ Change	X Addition
1.2 NAME	MICHAEL L. GROSS		
1.3 STREET ADDRESS	13490 NW 45th Ave		
1.4 CITY-ST-ZIP	OPA LOCKA, FL 33054		
2.1 TITLE		□ Change	□ Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		□ Change	□ Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		□ Change	□ Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		□ Change	□ Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		□ Change	□ Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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.

SIGNATURE: *Michael L. Gross* MICHAEL L. GROSS 305-681-4704

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)