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 # **P98000080926**1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

YUKI SPECIAL SEWING MACHINES CORP.

				.			
Principal Place of Business Mailing Address							
7392 NW 35TH		7392 NW 35TH TERRACE					
SUITE 207 & 20		SUITE 207 & 208		DO NOT WRITE IN THIS SPACE			
MIAMI FL 33122 MIAMI FL 33122					3. Date Incorporated or Qualifed	301702	
					09/02/1998		1
2 Principal P	lace of Business	2a. Mailing Address			4. FE/ Number 000 100 1	- Ap	plied For
		26		1 65,0874854		t Applicable	
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 A		
22		27			Fee Re	quired	
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28		Trust Fund Contribution	Added to		
Zip	Country	Zip	Country		8. This corporation owes the current year	ntangible	
24	25	29 30	i]		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current	Registered Agent		,	10. Name and Address of New Registere	d Agent	
			81	Name	•	•	
BOC		82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
	NW 35TH TERRACE		102	Olicorrida	and the second of the second o		
	E 207 & 208		83				
MIAN		04	0.1		85 Zip C	Code	
			84 City		· F) June
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI		gistered Ager	nt signature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO)RS IN 12
TITLE	D	DELETE	11 TITLE			☐ Change	☐ Addition
NAME	CHEW, MARGARET		1.2 NAME				
STREET ADDRESS	1531 NW 180TH WAY		1.3 STREET	TADORESS			
CITY-ST-ZIP	PEMBROKE PINES FL 33029		1.4 CITY-S	T-ZIP			
TITLE	D DELETE		2.1 TITLE			. Change	☐ Addition
NAME	CHEW, THOON-SEONG		2.2 NAME		• •		ļ
STREET ADDRESS	1531 NW 180TH WAY		2.3 STREE	TADDRESS	•	,	i
CITY-ST-ZIP	PEMBROKE PINES FL 33029		2. 4 CITY-5	ST-ZIP		<u> </u>	
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME			•	
STREET ADDRESS			3.3 STREET	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-S	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				Ì
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY- S	T-ZIP			
TITLE		☐ DELETE	5.1 TTTLE			☐ Change	☐ Addition
NAME			5.2 NAME			,	
STREET ADDRESS				f ADDRESS			٠, ا
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE		-	Change	☐ Addition
NAME			6.2 NAME		,		

14. 1 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

FILED

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90204 016 ***150.00