

2003

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
Mar 19, 2003 8:00 am  
Secretary of State

03-19-2003 90099 009 \*\*\*150.00

DOCUMENT # P01000004060

1. Entity Name  
Leather International Business, Inc.

DO NOT WRITE IN THIS SPACE

90055542

2. Principal Place of Business  
7270 N.W. 12th St.  
Suite, Apt. #, etc.  
Suite 761  
City & State  
Miami, FL

3. Mailing Address  
7270 N.W. 12th St.  
Suite, Apt. #, etc.  
Suite 761  
City & State  
Miami, FL

DO NOT WRITE IN THIS SPACE

Zip Country  
33126-1929 USA

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33126-1929 USA

4. FEI Number  
65-1071255

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name  
del Valle, Manuel R.

Street Address (P.O. Box Number is Not Acceptable)  
7270 N.W. 12th St.

Suite 761

City  
Miami

Zip Code  
FL 33126-1929

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  \$5.00 May Be Trust Fund Contribution  Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
D/P/T  
Arroyave, Aura  
STREET ADDRESS  
Carrera 65, #13B-125, Apt. 108-C  
CITY - ST - ZIP  
Santiago de Cali, Colombia

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
D/S  
Roa, Arturo  
STREET ADDRESS  
Carrera 65, #13B-125, Apt. 108-C  
CITY - ST - ZIP  
Santiago de Cali, Colombia

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

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12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Aura Arroyave 3/12/03 . 305-477-6116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)