



APPROVED
AND
FILED

98 NOV 19 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		AND FILED 98 NOV 19 AM 10:24 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P97000008809 (0) 1. Corporation Name GLOBAL HANDBAGS COLLECTION, INC.					
Principal Place of Business 201 ALHAMBRA CIRCLE, SUITE 1200 C/O BARRY N. SEMET CORAL GABLES FL 33134		Mailing Address 201 ALHAMBRA CIRCLE, SUITE 1200 C/O BARRY N. SEMET CORAL GABLES FL 33134		DO NOT WRITE IN THIS SPACE 	
2. Principal Place of Business 21 18741 West Dixie Highway Suite, Apt. #, etc. 22 City & State 23 North Miami, Florida Zip Country 24 33180 25 USA		2a. Mailing Address 26 18741 West Dixie Highway Suite, Apt. #, etc. 27 City & State 28 North Miami, Florida Zip Country 29 33180 30 USA			
9. Name and Address of Current Registered Agent SEMET, BARRY N 201 ALHAMBRA CIRCLE, SUITE 1200 CORAL GABLES FL 33134		10. Name and Address of New Registered Agent 81 Name BARRY N. SEMET, ESQ. 82 Street Address (P.O. Box Number is Not Acceptable) 100 Southeast 2nd Street, 17th Floor 83 84 City Miami FL 85 Zip Code 33131			
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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12-3		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEBEDE, SALOMON		1.2 NAME	Zebede, Salomon ****550.00	****550.00
STREET ADDRESS	201 ALHAMBRA CIRCLE, SUITE 1200		1.3 STREET ADDRESS	18741 West Dixie Highway	
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY-ST-ZIP	North Miami, Florida 33180	
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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.					
SIGNATURE: [Signature]			9-15-98 305-466-0703		