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SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

APPROVEU AND FILED

98 NOV 19 AM 10: 24

DOCUMENT # P9700008809 (0)					TALLAHASSEE, FLORIDA	
GLOBAL HANDBAGS COLLECTION, INC.					- CONTOL	
deoble thatbardo coelection, mo.					A TORINGO LITO SURVE LODDIL BRANK BOLLL BRANK BOLLL BOLDE VOLEN LOTTE BOLDE HOLL IROS	
Principal Place of Business Mailing Address					I INDICERE COM COLLEGE CONTRACTOR	
201 ALHAMBRA CIRCLE. SUITE 1200 201 ALHAMBRA CIRCLE. SUITE 1200						
C/O BARRY N. SEMET C/O BARRY N. SEMET					DO NOT WRITE IN THIS SPACE	
CORAL GABLES FL 33134 CORAL GABLES FL 33134					3. Date Incorporated or Qualified	
					01/24/1997	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	
21 18741 West Dixie Highway 26 18741 West			Dixie	Highway		
Suite, Apt. #, etc. Suite, Apt. #, etc.				титенмау	S8 75 Additional	
22 27					5. Certificate of Status Desired Fee Required	
City & Stat		City & State			6. Election Campaign Financing \$5.00 May Be	
23 North		28 North Miam	f Flo	rida	Trust Fund Contribution Added to Fees	
Zip	Country	Zip			8. This corporation owes or has paid the current year Intangible	
24 33180	9. Name and Address of Current	1 1 2 3 1	30 US.	A 	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
SEMET, BARRY N 81 Name PARRY N CENTER REGISTERED Agent PARRY N CENTER REGISTERED Agent						
	ALHAMBRA CIRCLE, SUITE 1200				BARRY N. SEMET, ESQ.	
	ALITAMBRA CIRCLE, SOITE 1200		82		ess (P.O. Box Number is Not Acceptable)	
1 0011	INE CADELO I E 30104		83	100	Southeast 2nd Street, 17th Floor	
1						
			84	City Mian	- FL 85 Zip Code	
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						
Signature, typed or printed name of registered agent and the K applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE \	D TENERS OF THE PARTY	DELETE	1.1 TITLE 1.2 NAME	, E		
NAME &	6 <i>i</i>			2	Zebede. Salomon addaretto no - ****F⊊B 88	
STREET ADORESS			1.3 STREET ADDRESS 1.3		18741 West Dixie Highway Florida 33180	
CITY-ST-ZIP TITLE	CORAL GABLES FL 33134		2.1 TITLE	-ZIP **		
NAME		DELETE	2.1 TITLE 2.2 NAME		Change Addition	
STREET ADDRESS	ree		2.3 STREET	ADDRESS	п	
CITY-ST-ZIP			2.4 CITY-ST			
TITLE		DELETE	3.1 TITLE	- <u></u>	Change Addition	
NAME			3.2 NAME		☐ Change ☐ Addition	
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-	1		
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME		_ _	4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP	л-ZIP		4.4 CITY-ST-ZIP			
TITLE	DELETE 5.1 TI		5.1 TITLE		Change Addition	
NAME	_		5.2 NAME	-		
STREET ADDRESS		5,3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-	ZIP	Adam	
TITLE		DELETE	6.1 TITLE	ĺ	Change Addition	
NAME			6.2 NAME		13	
STREET ADORESS			6.3 STREET]	1	
CITY-ST-ZIP	wife that the information countied with the	ic filing door not qualify for the	6.4 CITY-ST-		on 110 07/3Vi). Florida Statutae I further certify that the information	
indicated o	n this applied report or supplied Will th	no ming does not quality for the	cand that	my cianoturo el	on 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 of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapted, or or an attachment with an address.

IGNATURE:

305–466–0703

SIGNATURE: 4

305-466-0703