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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

183209

(6)

1. Corporation Name TROPICAL LEATHER COMPANY

Principal Place of Business	Mailing Address	1 100100 11001 10100 11110 11111 11111 11111
2628 N.E. 2ND AVENUE	2628 N.E. 2ND AVENUE MIAMI FI. 33137	



	37	MIAMI FL 33137						
<i>3</i> .					3. Date incorporated or Qualified 02/05/1955	3a. Date of t 04/19	ast Repo 9/1995	rt
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number	1	App	lied For
1 43	625W 1575	26 43625	MI	434	59-0731804		Not	Applicable
Suite, Apt. #	r, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$	8.75 Ac Fee Req	
City & State	AMI, FLA	City & State	キん		Election Campaign Financing Trust Fund Contribution		\$5.00 h Added to	
^{Zρ} 3/3	4- 25 DAde	29 33 13 4	30 County	Ach	7.01100 011111100	□No		9.032,
	9. Name and Address of Current	Registered Agent		T	10. Name and Address of New Ro	egistered Age	nt	
			81	Name				
WRIGHT,	, VIRGINIA		82	Street Addr	ess (P.O. Box Number is Not Acceptable	e)		
765 NW	133 ST					·		
NO. MIA	MI FL 33169		83					
			84	City	······································	FL	5 Zp C	ode
		1007 1500 50 11 50 11			when a harde this statement for the pure	T L	an ito rook	stored office
SIGNATURE	h, and accept the obligations of, Sections and accept the obligations of sections.			nt signature required	ation submits this statement for the puriod of directors. I hereby accept the appoint when renstating	DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIE	RECTORS	IN 12
		Direction to			ADDITIONS/CHANGES TO OFFI			
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run mereny ceruity that the information supplies with this ming is voluntarily 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: X SECONDATURE AND TYPE OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

4-10-96

Daytin e Phone #