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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 234441					
1. Corporation Name LEATHER WORLD, INC.					
Principal Place of Business 339 MIRACLE MILE CORAL GABLES FL 33134			Mailing Address 339 MIRACLE MILE CORAL GABLES FL 33134		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/17/1960	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-0910139	
25 Country		29 Country		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
MONCARZ, MICHAEL H 339 MIRACLE MILE CORAL GABLES FL 33134			81 Name ISAAC MONCARZ 82 Street Address (P.O. Box Number is Not Acceptable) 339 MIRACLE MILE 83 84 City CORAL GABLES FL 85 Zip Code 33134		
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 <u>Isaac Moncarz</u> ISAAC MONCARZ (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE PSD 1.2 NAME MONCARZ, MICHAEL H 1.3 STREET ADDRESS 339 MIRACLE MILE 1.4 CITY-ST-ZIP CORAL GABLES FL 33134					
2.1 TITLE SD 2.2 NAME Teresa Moncarz 2.3 STREET ADDRESS 339 MIRACLE MILE 2.4 CITY-ST-ZIP CORAL GABLES, FL 33134					
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP					
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP					
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

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, with all other like empowered.

SIGNATURE: Isaac Moncarz ISAAC MONCARZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)