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FILED
Mar 10 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 683359 (4)
1. Corporation Name
GENUINE LEATHERS, INC.



Principal Place of Business Mailing Address
10206 VISTA POINTE DR 10206 VISTA POINTE DR
TAMPA FL 33635 TAMPA FL 33635

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/03/1980	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2055861	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

FORERO, BERNARDO G
10206 VISTA POINTE DR
TAMPA FL 33635

10. Name and Address of New Registered Agent

81 Name
BERNARDO GONZALEZ JR.
82 Street Address (P.O. Box Number is Not Acceptable)
10206 VISTA POINTE DR
83
84 City TAMPA FL 85 Zip Code 33635

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	ARISTIZABAL, BERNARDO G	1.2 NAME	BERNARDO GONZALEZ SR.
STREET ADDRESS	10206 VISTA POINTE DR	1.3 STREET ADDRESS	10206 VISTA POINTE DR
CITY-ST-ZIP	TAMPA FL 33635	1.4 CITY-ST-ZIP	TAMPA FL 33635
TITLE	VPTS	2.1 TITLE	VPTS
NAME	FORERO, BERNARDO G	2.2 NAME	BERNARDO GONZALEZ JR.
STREET ADDRESS	10206 VISTA POINTE DR	2.3 STREET ADDRESS	10206 VISTA POINTE DR
CITY-ST-ZIP	TAMPA FL 33635	2.4 CITY-ST-ZIP	TAMPA FL 33635
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 holder of a trust or 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 _____ Bernardo Gonzalez Sr. 2/25/98 (813) 891-1892

CR2E034 (10/97)