FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 683359

1. Corporation Name

GENUINE LEATHERS, INC.

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90109 020 ***158.75



		`							
Principal Place	e of Business	Mailing Address				-) (31811 SIBII BII	111 019 11 018 11 1 0
10206 VISTA PO TAMPA FL 3363	10206 VISTA POINTE DR TAMPA FL 33635				DO NOT WRI	TE IN THIS	S SPACE		
						3. Date Incorporated or Qualifed			
						09/03/1980		_	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26			_	59-2055861			Not Applicat
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	മ		5 Additional
22		27							Required
City_& State		City & State		- -		⇒6Election Campaign Financing		•)0 -мау Ве~
23		28	Cal	ıntnı		Trust Fund Contribution			ed to Fees
Zip -	Country	Zip		untry		8. This corporation owes the curr	ent year in	itangible □ Yes	⊠ No
24	25	Registered Agest	30	T		Personal Property Tax. 10. Name and Address of New F	Penistered		E3410
	9. Name and Address of Current	registeren vilant		81	Name	TV. HARITY GITS AMORESS OF FIGHT	-3		
GON	izalez, Bernardo Jr								
	6 VISTA POINTE DR			82	Street Addre	Address (P.O. Box Number is Not Acceptable)			
	PA FL 33635			83			-		
				84	City		FI	85 Z	ip Code
44 Dunningst	to the provisions of Sections (07.0502	and 607 1509. Florida Statut	tes the s	hove-	named como	ration submits this statement for the	ournose o	f changing	its registere
office or to	egistered agent or both in t' / State o	f Florida. Such change was a	uthorize	d by fi	he corporation	n's board of directors. I hereby accep	t the appo	intment as	registered
agent. I a	m familiar with, and according oblige	of, Section 27,0505, Fig	onda Stat	tutes.	,÷		•	- ·	
SIGNATURE	Signure, typed or printed name of registers t	and title it ap	: Degleterer	d Agent	signature required	when reinstation)	DATE		
12.	OFFICERS	· · · · · · · · · · · · · · · · · · ·	13.	- regont	angriataro requirec	ADDITIONS/CHANGES TO OF		ND DIREC	TORS IN 12
TITLE	P	DELETE	1.1 Ti	TLE	1	•	_	Chark	
NAME	GONZALEZ, BERNARDO SR		1.2 N	AME					
STREET ADDRESS	10206 VISTA POINTE DR		1.3 5	TREET A	ADORESS				
CITY-ST-ZIP	TAMPA FL 33635		1.4 C	ITY-ST-	ZIP				
TITLE	VPTS	☐ DELETE	2.1 TI					☐ Chan	ge √ 🗌 Add
NAME	GONZALEZ, BERNARDO JR		22 N	AME					
STREET ADDRESS	10206 VISTA POINTE DR		2.3 5	TREET	ADDRESS				
CITY-ST-ZIP	TAMPA FL 33635			CITY-ST					
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NAME .			= 3.2 N	AME		الرارة والمستوعدين الراجيل المستج	÷. • ·	 -	ا سيداد
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NAME_			4.21	NAME					
STREET ADDRESS	•		4.3 S	TREET	ADDRESS				
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TITLE		☐ DELETE	5.1 1					☐ Chan	ge 🔲 Add
NAME			5.2 N	AME					
STREET ADDRESS	**		5.3 \$	TREET	ADDRESS				
CITY-ST-ZIP			5.4 C	TY-ST-	ZIP				
TITLE		DELETE	6.1 T	ITLE				Chan	ge 🗀 Add
NAME			6.2 N	IAME					
STREET ADDRESS			6.3 S	TREET	ADDRESS				
CITY-ST-ZIP			6.4 C	ITY-ST-	ZIP	<u> </u>			

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.

RBE mardo Gonzalez A 04/12/99 (813) 891-1892