

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER B. MORTON
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

MAY 11 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F49028** (6)
1. Corporation Name
SICU LEATHER CORP.

Principal Place of Business: **2643 NW 20 ST MIAMI FL 33142 US**
Mailing Address: **2643 NW 20 ST MIAMI FL 33142 US**

DO NOT WRITE IN THIS SPACE

| | |
|--|--------------------------------|
| 3. Date Incorporated or Quarter | 3a. Date of Last Report |
| 10/08/1981 | 04/18/1994 |
| 4. FEI Number | Applied For |
| 59-2129556 | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input type="checkbox"/> | |
| 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| <input type="checkbox"/> | |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|-----------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. State Apt. # etc. | 26. State Apt. # etc. |
| 22. City & State | 27. City & State |
| 23. Zip | 28. Zip |
| 24. Name | 29. Name |
| 25. Title | 30. Title |

| | |
|--|--|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| PREISS, KURT 2643 NW 20TH ST MIAMI FL 33142 | 81. Name |
| | 82. Street Address (P.O. Box Number is Not Acceptable) |
| | 83. City |
| | 84. State FL 85. Zip Code |

11. I declare to the best of my knowledge and belief that I am a natural born citizen of the United States of America, and that I am a resident of the State of Florida, and that I am qualified to be a registered agent under the laws of Florida. I hereby accept the appointment as registered agent of this corporation and accept the responsibility for the corporation's compliance with the provisions of Chapter 199, Florida Statutes.

SIGNATURE: _____ DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IF ANY | |
|----------------------------|---|--|---|
| NAME | PVS PREISS, KURT 2643 NW 20TH ST MIAMI, FL 0 | 1. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | 2. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY AND STATE | | 3. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | 4. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | 5. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY AND STATE | | 6. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | 7. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | 8. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY AND STATE | | 9. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | 10. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | 11. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY AND STATE | | 12. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | 13. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | 14. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY AND STATE | | 15. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and deemed quality for the exceptions stated in Section 199.02(9)(b), 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 this corporation, or the owner or trustee empowered to execute the report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or 13 of this report with an address.

SIGNATURE: **KURT PREISS** 4/26/95 (305) 638-4608
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR