

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F49028 (6)
1. Corporation Name
SICU LEATHER CORP.

Principal Place of Business 2043 NW 20 ST MIAMI FL 33142 US	Mailing Address JOSE MARTI STATION P. O. BOX 351776 MIAMI FL 33135 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2121 N. BAYSHORE DR. Suite, Apt. #, etc. 22 SUITE #1110 City & State 23 MIAMI FLORIDA Zip 24 33137		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 U.S.A.		3. Date Incorporated or Qualified 10/08/1981	
		4. FEI Number 59-2129556		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent PREISS, KURT 2043 NW 20TH ST MIAMI FL 33142 2121 N. BAYSHORE DR. SUITE # 1110 MIAMI, FL 33137		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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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 TITLE PVS NAME PREISS, KURT STREET ADDRESS 2121 N. BAYSHORE DR. CITY-ST-ZIP MIAMI, FL 33137 [] DELETE TITLE [] DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE [] DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE [] DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE [] DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE [] DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE [] Change [] Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE [] Change [] Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE [] Change [] Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE [] Change [] Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE [] Change [] Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE [] Change [] Addition 6.2 NAME 6.3 STREET ADDRESS 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 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: KURT PREISS *Kurt Preiss* 4/28/98 (305) 573-6905

CR2E034 (10/97)