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

PROFIT CORPORATION ANNUAL REPORT

1996



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

| DOCUMENT # H69433 (1) 1. Corporation Name |   |  |                                       |   |  |
|---|---|--|---------------------------------------|---|--|
| INTERLEATHER CORP.                        |   |  |                                       | E JEDERIA DIAR DIZIO ADILI DIDON ANDI               | D SKIR MANAK DIANI DIANA DIANA DIANA   |
| Dringfrul Diago                           | of D to come  | BANDANA ARILLANA                               |                                       |   |  |
| Principal Place of Business               |   | Mailing Address                                |                                       |   |  |
| 3535 NW 58TH ST.<br>Miami Fl 33142        |   | 3535 NW 58TH ST.<br>MIAMI FL 33142             |                                       |   |  |
| US  |   | US   |                                       | 3. Date Incorporated or Qualified                   | 3a. Date of Last Report  |
|   |   |  |                                       | 07/30/1985  | 01/24/1995   |
| <del></del>                               |   | 2a. Mailing Address                            |                                       | 4. FEI Number                                       | Applied For  |
| 21  |   | [26]   |                                       | 59-2591387  | Not Applicable   |
| Suite, Apt. #                             | , etc.  | Suite, Apt #, etc.                             |                                       | 5. Certificate of Status Desired                    | \$8.75 Additional Fee Required   |
| City & State                              |   | City & State:                                  |                                       | 6. Election Campaign Financing                      | \$5.00 May Bo  |
| 23  |   | 28   |                                       | Trust Fund Contribution                             | Added to Fees  |
| Ζιρ                                       | Country   |  | Country                               | 8. This corporation has liability for i             |  |
| 24  | 25<br>9. Name and Address of Current  | 29 Pagistared Apart                            | 30                                    | Florida Statutes Yes  10. Name and Address of New R |  |
|   | <u>3. ((a)() 2 (a) 7.44 (3.55 (3.55)</u>  |  | 81 Name                               |   | agiotorea Agent  |
| EDENBURG, DAVID  82 Street Address (P.    |   |  |                                       | ess (P.O. Box Number is Not Acceptab                | اها  |
| 11775 SW 92ND TERRACE                     |   |  | Street Addi                           | 635 (1.6.176%)                                      |  |
| MIAM! FL 33186                            |   |  | 63                                    |   |  |
|   |   |  | 84 City                               |   | 85 Zip Code  |
| 11 Duny solt                              | a two requires on Contage 607 0500  | ราช คอร โล๊กซ โปลเล็ก ตับสัน                   | as the above population               | ration submits this statement for the pur           | FL 03 2.50 0000  |
| or registers                              | ed agent, or both, in the State of Florid<br>In, and accept the obligations of, Section | <ul> <li>Such change was authorized</li> </ul> | ed by the comoration's boar           | rd of directors. Thereby accept the appo            | pose of changing its registered office to office of the property of the proper |
| SIGNATURE                                 | п, ака ассерстве солдалонь от, сесть  | r Feer 600 s, Florida Gradues                  |                                       |   |  |
|   | Struture type has butted her extress her scape ha                                       |  | die Roof Sood Agentisig val verlegies |   | DATE   |
| 12.                                       | OFFICERS AND  | DIRECTORS                                      | 13.                                   | ADDITIONS/CHANGES TO OFFI                           | CERS AND DIRECTORS IN 12  Change   |
| NAME                                      | EDENBRUG, DAVID   |  | 12 NAME                               |   | Urange Addition  |
| STREET ADDRESS                            | 11775 SW 92ND TERRACE   |  | 1.3 STREET ADDRESS                    |   |  |
| CITY-ST-ZIP                               | MIAMI FL  |  | 14 CI*y - S* - ZIP                    |   |  |
| THLE                                      | Y   | DELETE   | 2 NTPUF                               |   | Change Addition  |
| NAME                                      | EDENBURG, SIMON   |  | 2.2 NAME                              |   |  |
| STREET ADDRESS                            | 11787 SW 92ND TERRACE<br>MIAMI FL   |  | 2.3 STREET ADDRESS                    |   |  |
| CITY - ST - ZIP                           | S   | ☐ DELETE                                       | 2.4 CR Y - ST - ZIP<br>3.1 TITLE      |   | Change Addition  |
| NAME                                      | EDENBURG, SILVIA  |  | 3.2 NAME                              |   |  |
| STREET ADDRESS                            | 11787 SW 92ND TERRACE   |  | 3.3 STREET ADDRESS                    |   |  |
| CITY -ST - ZIP                            | MIAMI FL  |  | 3.4 CITY : ST : ZIP                   |   |  |
| TITLE                                     |   | ☐ DELETE                                       | 4 1 TITLE                             |   | ☐ Change ☐ Addition  |
| NAME                                      |   |  | 4.2 NAME                              |   |  |
| STREET ADDRESS                            |   |  | 4.3 STREET ACORESS                    |   |  |
| CITY-ST-ZIP<br>TITLE                      |   | ☐ DELETE                                       | 4.4 CITY - ST - ZIP<br>5.1 THUE       |   | Change Addition  |
| NAME                                      |   |  | 5.2 NAME                              |   |  |
| STREET ADDRESS                            |   |  | 5.3 STREET ADDRESS                    |   |  |
| CITY-ST-ZIP                               |   |  | 5.4 CHTY+ST+ZIP                       |   |  |
| TITLE                                     |   | ☐ DELETE                                       | 6 1 TITLE                             |   | Change Addition  |
| NAME                                      |   |  | 62 NAME                               |   |  |
| STREET ADDRESS                            |   |  | 6.3 STREET ADDRESS                    |   |  |
| CITY - ST - ZIP                           |   |  | 6.4 CHY-ST-ZIP                        |   |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furn should not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this armoid 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 corporation or trustee on powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of an activation on an attachment with an address

RINTED NAME OF MIGNING OFFICER OR DIRECTOR

SIGNATURE: SIGNA

A 130/46

(308) 639-9411

CR2E034 (12/95)