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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(0)

NEW YORK WHOLESALE HANDBAGS, INC.

FILED Feb 04 1998 8:00am Secretary of State



Principal Plac	e of Busines	SS	M	ailing Address				F SCENIED WITH WIND FOUN WHEN I DIED AND BIRTH WINDS WINDS WINDS WINDS
7225 NW 77H ST. 7225 NW 77H ST. MIAMI FL 33126 MIAMI FL 33126								DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualified 12/29/1986
2. Principal F	2. Principal Place of Business 2a. Mailing Address							4. FEI Number Applied For
21		<u> </u>	26					59-2751515 Not Applicable
Suite, Apt. #, etc. 22 City & State			27	Suite, Apt. #, etc.				5. Certificate of Status Desired See Required Fee Required
City & Stat	te		28	City & State				B. Election Campaign Financing Trust Fund Contribution Added to Fees
Z13		Country	- 20	Zip	Cou	ntry	 y	8. This corporation owes or has paid the current year Intangible
24	25 29			30			Personal Property Tax due June 30. Yes No	
	9, Name	and Address of Cu	rrent Regis	stered Agent				10. Name and Address of New Registered Agent
F	RAND, ARIE					81	Name	
% NY WHOLESALE HANDBAGS 7225 NW 7TH ST.						82	Street Add	dress (P.O. Box Number is Not Acceptable)
MIAMI FL 33126						83		
						84	City	FL 85 Zip Code
11. Pursuant	to the provis	sions of Sections 607.	0502 and € tate of Flori	07.1508, Florida Sta	tutes, the a	l bav d b	re-named corpora	poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
agent. La	m familiar w	ith, and accept the o	bligations o	f, Section 607.0505.	Florida Sta	tute	is.	and the board of silicotor in literary descriptions appointment do registered
SIGNATURE	Signature, types	d or printed name of registere	d agent and title	if applicable (N	OTE: Registero	d Age	yord signature requi	red when re-installing) DATE
12.		OFFICERS	AND DIRE	CTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P			DELETE	1.1 11	1LE	F	Change Addition
NAME		, ARIE	_		1.2 N	AME		RAND, ARIE
STREET ADDRESS		N. JEFFERSON AV	E.		1.3 \$	TREET	T ADDRESS	RAND, ARIG 7225 NIW. 7748T. MIANI FL 33126
CITY-ST-ZIP		BEACH FL		1 25 556			S1-ZIP	MIANIFL 33126
TITLE	D	LAMPENOR		☐ DELETE	2.1 1)			Change Addition
NAME		, LAWRENCE			2.2 N			
STREET ADDRESS		E. 21ST ST.			•		T ADDRESS	
CITY-ST-ZIP	DRUU	KLYN NY		DELETE			ST-ZIP	☐ Change ☐ Addition
NAME					31 T) 32 N			Change Addition
STREET ADDRESS	}						T ADDRESS	
City-St-ZiP							ST-ZIP	
TITLE				DELETE	4.1 TO		01-211	Change Addition
NAME				- '	4.21		1	··• ·
STREET ADDRESS							T ADDRESS	
CITY-ST-ZIP							ST-ZIP	
TITLE		······································		DELETE	51 Ti			Change Addition
NAME					5.2 N/	AME		
STREET ADDRESS							T ADDRESS	
CITY-ST-ZIP					i i		ST-ZIP	
TITLE				DELETE	6.1 TI			Change Addition
NAME					6.2 N	\M₹		
STREET ADDRESS					6.3 S1	REET	T ADDRESS	
CITY-ST-ZIP					6.4 CI	TY-S	\$T-21P	

14. Thereby 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 trusted 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 attachmost with an address.

ARIG RAND

305-266-7155