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FILED

Feb 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # K77109 (2)
1. Corporation Name
COLORINA IMPORT HANDBAGS, INC.



Principal Place of Business

Mailing Address

1889 NW 20 ST
7035 WEST END LANE
MIAMI FL 33142
US

5450 SW 144 AVE
7035 WEST END LANE
MIAMI FL 33142
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1989

4. FEI Number

65-0118313

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 1889 NW 20 ST

Suite, Apt. #, etc.

City & State

23 MIAMI FLORIDA

Zip

24 33142

Country

25

2a. Mailing Address

26 1889 NW 20 ST

Suite, Apt. #, etc.

City & State

28 MIAMI FLORIDA

Zip

29 33142

Country

30

9. Name and Address of Current Registered Agent

HERNANDEZ, ESTEBAN
7035 WEST END LANE
HIALEAH FL 33014

10. Name and Address of New Registered Agent

81 Name

HERNANDEZ ESTEBAN

82 Street Address (P.O. Box Number is Not Acceptable)

5450 SW 144 AV

83

84 City

MIAMI

FL

85 Zip Code

33175

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 ☐ DELETE

NAME PSTD
STREET ADDRESS HERNANDEZ, ESTEBAN
CITY-ST-ZIP 5450 SW 144 AVE
MIAMI FL

TITLE ☐ DELETE

NAME VST
STREET ADDRESS HERNANDEZ, MARCO
CITY-ST-ZIP 14067 S.W. 47TH LANE
MIAMI FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS HERNANDEZ, MARCO
CITY-ST-ZIP 14067 S.W. 47TH LANE
MIAMI FL

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

1/07/98 (305)325 1336

CR2E034 (10/97)