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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT Secretary of State Secretary of State 1997 DIVISION OF CORPORATIONS **DOCUMENT # K97586** (7) LUISA'S HAND BAGS & OTHER CORP. Principal Place of Business Maling Address 749 E 52ND ST 749 E 52ND ST MMARIA LUISA PASTORIZA MMARIA LUISA PASTORIZA HIALEAH FL 33013 HIALEAH FL 33013-1653 3. Date Incorporated or Qualified 3a. Date of Last Report 06/23/1989 05/09/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0126721 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes Yes \(\sigma\) No Z_{1D} 24 25 29 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent PASTORIZA, MARIA LUISA 81 Name 749 E 52ND ST 82 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33013-8653 83 84 City Zip Code 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature regulred when reinstating) Signature, typed or printer; name of registered agent and title it applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 1.1 TITLE MILE PASTORIZA, MARIA L NAME 1.2 NAME 749 E 52 ST STREET ADORESS 1.3 STREET ADDRESS HIALEAH FL CITY-ST-ZIP 1.4 CITY - ST - ZIP VP. DELETE Change Addition 2.1 TITLE TITLE RODRIGUEZ, ROSA M 2.2 NAME 749 E 52 ST 2.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 2. 4 CITY-ST-ZIP CITY - ST - 7IE Change DELETE Addition 3.1 TITLE TITLE TAPENES, EDWIN 3.2 NAME 749 E 52 ST STREET ADDRESS **33 STREET ADDRESS** HIALEAH FL 3 4. CITY - ST - ZIP CITY-ST-ZiF DELETE Change Addition 4.1 TITLE THE TAPANES, MARIETA 4 2 NAME NAME 749 E 52 ST STREET ADDRESS 4.3 STREET ADDRESS HIALEAH FL CITY-\$1-ZIF 4.4 CITY-ST-ZIP ... Addition DELETE Change TITLE 51 DUE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP ... DELETE Addition Change 6.1 TITLE THILE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS City - \$1 - 200 6.4 CITY - ST - ZIP

14. I do 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:

Daytime Phone N

96/6)

FILED

Feb 04 1997 8:00am