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 # **L75139** **(0)**

1. Corporation Name

K & B HANDBAGS, INC.

Principal Place of Business	Mailing Address
12772 BISCAYNE BLVD. NORTH MIAMI FL 33181	12772 BISCAYNE BLVD. NORTH MIAMI FL 33181

3. Date Incorporated or Qualified: **05/23/1990**
3a. Date of Last Report: **05/18/1995**

2. Principal Place of Business
21: 2706 NE 14 ST
22: Suite, Apt. #, etc.:
23: City & State: OCALA FL
24: Zip: 34470
25: Country: MARION

2a. Mailing Address
26: SAME
27: Suite, Apt. #, etc.:
28: City & State:
29: Zip:
30: Country:

4. FEI Number: **65-0249242** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CHUNG, BYUNG Y.
~~**10516 NW 35TH AVE.**~~
~~**MIAMI FL 33147**~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____ DATE _____
Signature, typed or printed name of individual with authority to sign (Required if applicable) (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	CHUNG, BYUNG Y.		1.2 NAME	CHUNG, BYUNG Y	
STREET ADDRESS	~~10516 NW 35TH AVE~~		1.3 STREET ADDRESS	1721 SE 12th AVE	
CITY-ST-ZIP	~~MIAMI FL 33147~~		1.4 CITY-ST-ZIP	OCALA FL 34471	
TITLE	V	☐ DELETE	2.1 TITLE	VICE PRESIDENT	☑ Change ☐ Addition
NAME	CHUNG, ROSA I.		2.2 NAME	CHUNG, ROSA I	
STREET ADDRESS	10516 NW 35TH AVE		2.3 STREET ADDRESS	1721 SE 12 AVE	
CITY-ST-ZIP	MIAMI FL 33147		2.4 CITY-ST-ZIP	OCALA FL 34471	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Byung Y. Chung 6/21/ (352) 732-9141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
CHUNG, BYUNG Y.