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

CITY-ST-ZIP

SIGNATURE:

14. I hereby certify that the information supplied with this filir indicated on this angual report or supplementar annual reofficer or director of the corporation of the redelver or true. Block 12 or Block 3 if changed, or on an attachment with the corporation of the redelver or true.

g does not qualify port is true and a

FILED PROFIT FLORIDA DEPARTMENT OF STATE Feb 02 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS Secretary of State 1998 DOCUMENT # (2)THE LEATHER FASHION, INC. Principal Place of Business Mailing Address 11898 SW 75 ST. 11898 SW 75 ST. MIAMI FL 33183 MIAMI FL 33183 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/03/1984 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2499839 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 QUINTELA, ANTONIO NIETO 11898 SW 75 ST. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33183** 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. 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 DATE (NOTE, Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ___ DELETE Change Addition TITLE 1.1 TITLE NIETO QUINTELA, ANTONIO NAME 1.2 NAME 11898 SW 75 ST. STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33183** 1.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 21 TITLE Change Addition NAME DENIETO, ANNA 2.2 NAME 11898 SW 75 ST. STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33183** 2. 4 CITY - ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change l Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an ate his peort as required by Chapter 607, Florida Statutes; and that my name appears in