

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P08539 (9)

1. Corporation Name

JOLIE HANDBAG, INC.



Principal Place of Business

~~21143 NE 23 CT
N MIAMI BCH FL 33180~~

Mailing Address

~~21143 NE 23 CT
N MIAMI BCH FL 33180~~

2. Principal Place of Business

21 1885 West 8th Avenue

22 Suite, Apt. #, etc.

23 City & State
Hialeah, Florida

24 Zip
33010

25 Country
Dade

2a. Mailing Address

26 1885 West 8th Avenue

27 Suite, Apt. #, etc.

28 City & State
Hialeah, Florida

29 Zip
33010

30 Country
Dade

3. Date Incorporated or Qualified

12/26/1985

3a. Date of Last Report

04/25/1995

4. FEI Number

NOT APPLICABLE

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

UNITED STATE CORPORATION COMPANY
226 WEST GEORGIA STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
The Law Offices of Mitchell S. Polansky

82 Street Address (P.O. Box Number is Not Acceptable)
2601 South Bayshore Drive, Suite 1775

83

84 City
Miami,

FL

85 Zip Code
33133

11. Pursuant to the provisions of Sections 607.0509 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 the corporation

(If the Registered Agent signature is required when filing this)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDS
DECOVENY, EMANUEL
21143 NE 23 COURT
NORTH MIAMI BEACH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
MANOWITZ, GERALD
8514 NW 77 STREET
TAMARAC FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
GUTREJMAN, ALBERT
908 NE 27 AVENUE
HALLANDALE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96 931-2206

CR2E034 (12/95)