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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

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Zip

Suite, Apt. #, etc.

City & State

Corporation Name	P93000057595	(9)

Country

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LUGGAGE DEPOT, INC. Principal Place of Business Mailing Address 6295 SW 49 ST PO BOX 144214 MIAMI FL 33155 CORAL GABLES FL 33114-4214 2. Principal Place of Business 2a. Mailing Address

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Suite, Apt. #, etc.

City & State

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3. Date Incorporated or Qualified 3a. Date of Last Report 08/17/1993 02/28/1995 4. FEI Number Applied For 65-0429660 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032, Yes No Florida Statutes

10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 ERDAN C/O GOMEZ & VELAZQUEZ 82 1490 W. 49TH PLACE **SUITE 510** 83 HIALEAH FL 33012 85 Zip Code

Country

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11. Pursuant to the provious 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. Thereby accept the appointment as registered agent. I am familiar with, an accept the obligations of, Section 607,0505/Florida Statutes.							
SIGNATURE Auditure, typed or printed name of registrated agreen and title if approache.  Signature, typed or printed name of registrated agreen and title if approache.  One Registered Agreen Signature required when recestation)  4/28/96							
12.	~ <b>_</b>	ND DIRECTORS	13.		OFFICERS AND DIRECTORS IN 12		
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CITY-ST-ZIP			64 CHY-ST-ZIP				
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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 OFF