


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

APPROVED  
AND  
FILED

97 AUG -1 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000057595  
1. Corporation Name

Luggage Depot, Inc.

Principal Place of Business Mailing Address

6295 SW 49 Street 6800 SW 40 Street #139  
Miami, Florida 33155 Miami, FL 33155

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 6295 SW 49 Street		26 6800 SW 40 Street		08/17/93	04/04/96
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27 #139		65-0429660	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Miami, Florida		28 Miami, Florida		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip		Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
24 33155		29 33155		Yes No	
Country		Country			
25 USA		30 USA			

9. Name and Address of Current Registered Agent

Marc T. Loven  
6295 SW 49 Street  
Miami, Florida 33155

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 607.1508, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1.1 TITLE	600002259776
NAME	Loven, Marc T.	1.2 NAME	-08/06/97-01098-004
STREET ADDRESS	6295 SW 49 Street	1.3 STREET ADDRESS	****165.00 ****165.00
CITY-ST-ZIP	Miami, Florida 33155	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 provided, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-11-97 3056625005

CR2E034(9/96)



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June 12, 1997

Florida Department of State  
Annual Report Filings  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**RE: Luggage Depot Inc. Document #P93000057595**

Dear Sirs,

This letter is to inform you that we have never received the first form of the annual report for 1997. It apparently went to the wrong address. Enclosed, is the 1997 annual report and a check for filing fees for the company referenced above.

Due to non receipt of the first form, we would like to request a waiver on any late fees. Your prompt attention and consideration on this matter is appreciated. Should you have any questions or need further information, please call our office at (305) 663-5400.

Sincerely yours,

A handwritten signature in dark ink, appearing to be "ML", with a long horizontal flourish extending to the right.

Marc Loven  
President