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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

SIGNATURE: V

P93000060691 (1)

BAG DEPOT, INC.							# 1881 B B 1881 1881 1881 B B 18	 1 844 1844 1844 1844 1	
Principal Place	of Business	3	Mailing Address						
9999 SW 21ST ST 9999 SW 21ST ST MIAMI FL 33165 MIAMI FL 33165									
*							3. Date Incorporated or Qualified 08/30/1993	3a. Date of Last I 01/31/19	•
2. Principal Place of Business 2a. Mailing Address 31 N 6 28 STREET 26							4. FEI Number Applied		Applied For
		str-cet	- 	26			65-0436013 Not Applicat		
Suite, Apt.			Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional Required
City & State 23 Mintel 24 Mintel 25 Mintel 26 Mintel 26 Mintel 27 Mintel 28 Minte	i, AL		City & State	 1			Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
☆ 35/3	7	Country U.S.A.	Zip 29	Country 30		This corporation has liability for intangible tax under s 199.032, Florida Statutes			
		and Address of Curr	ent Registered Agent				10. Name and Address of New Re		
					81	Name		· <u>· · · · · · · · · · · · · · · · · · </u>	
GOLDMAN, MATT D ESQ MATT D GOLDMAN PA 9130 S DADELAND BLVD SUITE 1705					82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
					83				
MIAM! F	L 33156				84	City		■ 85 Z	ip Code
11 Durauget t	o the provin	ions of Castians CO7 OF	00 and 607 4500 Finish Other				ation submits this statement for the purp	 	
SIGNATURE	п, апо ассе	or printed name of registered age	CTION 607.0505, Florida Statu ent and title if applicable.	(NOTE: Registered			-	DATE	· · · · · · · · · · · · · · · · · · ·
12.	OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	ORS IN 12
TITLE	D	(Cristian and Australian	- · · · · · · · · · · · · · · · · · · ·		1 1 TITLE			☐ Change	Addition
NAME CARELL ADDRESS		IFIELD, MIKE		1.2 NAME					
STREEF ADDRESS DITY-ST-ZIP		W 21ST ST FL 33165				ADDRESS			
TITLE	D D	rt 93100	DELETE		1.4 CITY-ST-ZIP 2.1 TITLE			☐ Change	Addition
NAME	_	IFIELD, OLGA		2.2 NAME				criange	
STREET ADDRESS		W 21ST ST				ADDRESS			
CHY-SI-ZIP		FL 33165		2 4 CI					
TLE			DELETE	3.171				☐ Change	Addition
IAME				3 2 NA	ME			-	
STREET ADDRESS				33.S	REET	ADDRESS			
DEY-ST-ZIP			Pol necess	3.4 C/		T-ZIP			
IFLE			DELETE	4. 1 Ti				Change	Addition
IAME				4.2 NA					
STREET ADDRESS						ADDRESS			
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IAME			La becel	5. L II				Change	☐ Addition
TREET ADDRESS						ADDRESS			
iTY-ST-ZIP				5.4 CF		ŀ			
IILE			☐ DELETE	6. 1 TI				☐ Change	Addition
JAME 3MAI				6.2 NA	ME			_ •	
STREET ADDRESS				6351	REET	ADORESS			
CITY-ST-ZIP				6 4 CH	Y - ST	- ZIP			
14. I do hereby certify that oath; that I	certify that the informat am an office	the information supplied tion indicated on this anner or director of the corp	with this filing is voluntarily fundal report or supplemental are position or the receiver or trus	irnished and o nnual report is tee empower	true d to	not qualify for e and accurat b execute this	or the exemption stated in Section 119.0 te and that my signature shall have the s s report as required by Chapter 607, Flor	7(3)(k), Florida Statu ame legal effect as r ida Statutes; and th	tes. I further I made under at my name

536 -8480 Dayting Phone #