FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000027950 (2)

1. Corporation Name
HANDBAG DEPOT INC.

Principal Place of Business
~~3044 N.W. 72ND AVE.~~
MIAMI FL ~~33122~~

Mailing Address
~~3044 N.W. 72ND AVE.~~
MIAMI FL 33122

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/12/1994
3a. Date of Last Report:

2. Principal Place of Business: 21 7362 NW 72 AV	2a. Mailing Address: 26 3006 NW 72 AV
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State: 23 MIAMI FL.	City & State: 28 MIAMI FL
Zip: 24 33166 Country: 25 USA.	Zip: 29 33122 Country: 30 USA.

4. FEI Number: 650517679 ☐ 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

HACHAR, ANTONIO
~~3044 N.W. 72ND AVE.~~
~~MIAMI FL 33122~~

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83 3006 NW 72 AV
84 City: MIAMI FL 85 Zip Code: 33122

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] DATE: 4-25/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☑ Change ☐ Addition
NAME	HACHAR, ANTONIO	12 NAME	
STREET ADDRESS	~~3044 N.W. 72ND AVE.~~	13 STREET ADDRESS	3006 NW 72 AV
CITY ST ZIP	~~MIAMI FL 33122~~	14 CITY ST ZIP	MIAMI FL 33122
TITLE	D	21 TITLE	☑ Change ☐ Addition
NAME	HACHAR, JOYCE	22 NAME	
STREET ADDRESS	~~3044 N.W. 72ND AVE.~~	23 STREET ADDRESS	3006 NW 72 AV
CITY ST ZIP	~~MIAMI FL 33122~~	24 CITY ST ZIP	MIAMI FL 33122
TITLE	GABRIEL DEGEDEON	31 TITLE	DIRECTOR ☐ Change ☑ Addition
NAME	7362 NW 72AV	32 NAME	GABRIEL DE GEDEON
STREET ADDRESS	MIAMI FL 33166	33 STREET ADDRESS	7362 NW 72 AV
CITY ST ZIP		34 CITY ST ZIP	MIAMI FL 33166
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I the undersigned certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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 changed, or on an attachment with an address.

SIGNATURE: [signature] 4/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0110906 CP