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 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000035509 (6)**

1. Corporation Name
LEATHERMANIA CORP.

Principal Place of Business	Mailing Address
1900 N.E. 197TH TERRACE N MIAMI BEACH FL 33179	1900 N.E. 197TH TERRACE N MIAMI BEACH FL 33179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/11/1994
3a. Date of Last Report:

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: 65-0489308	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No	

9. Name and Address of Current Registered Agent

~~COLANO, HENRY~~
~~1900 N.E. 197TH TERRACE~~
~~NORTH MIAMI BEACH FL 33179~~

10. Name and Address of New Registered Agent

81 Name: RAQUEL OLACIREGUI
82 Street Address (P.O. Box Number is Not Acceptable): 1900 NE 197th TERRACE
83
84 City: N. MIAMI BEACH FL 85 Zip Code: 33179

1. 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: RAQUEL OLACIREGUI, PRES. DATE: 4/27/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~D~~	11 TITLE	☑ Change ☐ Addition
NAME	~~COLANO, HENRY~~	12 NAME	NONE (RESIGNED)
STREET ADDRESS	~~1900 N.E. 197TH TERRACE~~	13 STREET ADDRESS	
CITY ST ZIP	~~N MIAMI BEACH FL 33179~~	14 CITY ST ZIP	
TITLE	D	21 TITLE	D/P/S/T ☑ Change ☐ Addition
NAME	OLACIREGUI, RAQUEL	22 NAME	OLACIREGUI, RAQUEL
STREET ADDRESS	1900 N.E. 197TH TERRACE	23 STREET ADDRESS	1900 NE 197th TERRACE
CITY ST ZIP	N MIAMI BEACH FL 33179	24 CITY ST ZIP	N. MIAMI BEACH, FL 33179
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	500001485515
STREET ADDRESS		33 STREET ADDRESS	-05/12/95--01034--021
CITY ST ZIP		34 CITY ST ZIP	****200.00 ****200.00
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 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)(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: RAQUEL OLACIREGUI 4/27/95 (305) 4350970
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

01B170 CR