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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morti am

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P94000040119 (7)

**VENETIAN LUGGAGE & SHOE REPAIR, INC.** 

Principal Place of Business Mailing Address					T ADDITUDE I LID FOREL DIDIE ODLEF DOEEL DOEEL DOLLE DOLL TOLD ALOUF LEDER LODE	
2406 NORT	H FEDERAL HWY.	2406 NORTH FEDERAL HWY.				
LIGHTHOUSE POINT FL 33064		LIGHTHOUSE POINT FL 33064		DO NOT WRITE IN THIS S	PACE	
					3. Date Incorporated or Qualified	
					05/27/1994	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0502310	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.				\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23					Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the curr	- ' I
24	25]	. <del>    </del>	80			Yes No
g. Name and Address of Current Registered Agent  8				Name	10. Name and Address of New Registere	rgent
	ERMAN, PHILIP M		["	Namo		
	ERMAN & FELDMAN		82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	. "
	424 N.E. 22ND ST.		83			
r	OMPANO BEACH FL 33062					
			84	City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607 0502	and 607.1508, Florida Statules	the above	e-named co	orporation submits this statement for the purpose of	changing its registered
office or r agent. La	egistered agent, or both, in the State of m familiar with, and accept the obligate	i Florida: Such change was au ons of, Section 607.0505, Flori	imorizea ny ida Statutes	r tne corpoi i.	ration's board of directors. I hereby accept the appo	ontment as registered
SIGNATURE						
	Signature typed or printed name of registered agent.  OFFICERS AND			nt signature rec	quired when reinstating) DATE	DIDECTORS IN 15
12.	DPVS OF HIGH RS AND I	DELETE	<b>13.</b> 1.1 TITLE	Т	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
NAME	GESUALDO, FRISELLA	L. ottete	1.2 NAME			
STREET ADDRESS	7991 JOHNSON ST., APT. 10	1	1.3 STREET	ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33024	•	1.4 CITY - S	- [		
TITLE	T	DELFTE	2.1 TITLE			☐ Change ☐ Addition
NAME	GESUALDO, FRISELLA		2.2 NAME	1		·
STREET ADDRESS	7991 JOHNSON ST., APT. 10	)	2.3 STREET	ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33024		2. 4 CITY - S	ST-ZIP		
TETLE			3.1 TITLE			Change Addition
NAME			3.2 NAME	İ		
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY - 5	ST - ZIP		
TITLE		☐ DELET <b>e</b>	4.1 TOLE		· ·	Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREFT	ADDRESS		
CITY-ST-ZIP			4.4 CITY-S	T - ZIP		05
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET			
CITY-ST-ZIP		T orrese	5.4 CITY - S	1-ZIP		Chance 1 42490-
TITLE		DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME	ŀ		
STREET ADDRESS			6.3 STREET	ADDRESS		j

14. I 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 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 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 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 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 supplied with the information indicated on this annual report or supplied with the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further c