PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400040119

Brown

9. Name and Address of Current Registered Agent

29

1. Corporation Name

VENETIAN LUGGAGE & SHOE REPAIR, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

2406 NORTH FEDERAL HWY LIGHTHOUSE POINT FL 33064

Berman. Philip M

BERMAN & FELDMAN 2424 N.E. 22ND ST.

POMPANO BEACH FL 33062

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2406 NORTH FEDERAL HWY. LIGHTHOUSE POINT FL 33064

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90270 042 ***150.00

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| | DO NOT WRIT | RITE IN THIS SPACE ed | | | | | | | | |
| 3. | Date Incorporated or Qualifed | | | | | | | | | |
| | 05/27/1994 | | | | | | | | | |
| 4. | FEI Number | | T | Applied For | | | | | | |
| | 65-0502310 | | | Not Applicable | | | | | | |
| 5. | Certificate of Status Desired | | | \$8.75 Additional Fee Required | | | | | | |
| 6. | Election Campaign Financing | | , | \$5.00 May Be | | | | | | |

8. This corporation owes the current year Intangible ☐ Yes Personal Property Tax.

30 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 82 83 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | | |
|--|---------------------------|----------|---|---------|--------------------|----------|----------|------------|--|--|--|--|
| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS GEXALDO FRISELLA Change ☐ Addition | | | | | | | | | |
| TITLE | DPVS | DELETE | 1.1 TITLE | DPVS | | CALLE | Change | ☐ Addition | | | | |
| NAME | GESUALDO, FRISELLA | | 1.2 NAME | CEWA | 200 | FRISE | euo. | İ | | | | |
| STREET ADDRESS | 7991 JOHNSON ST., APT. 10 | | 1.3 STREET ADDRESS | 2000 | 7 I A | w | P. 1 | | | | | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33024 | | 1.4 CITY-ST-ZIP | 3500 S | $\frac{\omega}{2}$ | HURH | Due | | | | | |
| TITLE | T | □ DELETE | 2.1 TITLE DEC | RFIELD | sen ex | - FC 331 | Change | Addition | | | | |
| NAME | GESUALDO, FRISELLA | | 2.2 NAME | 2650 AL | DOF | PAGE CON | D | i | | | | |
| STREET ADDRESS | 7991 JOHNSON ST., APT. 10 | | 2.3 STREET ADDRESS | 3500 SU | MAIO | 2 4/ | 00 | | | | | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33024 | | 2.4 CITY-ST-ZIP | DEER FI | ELD | be nen | 71- 224 | 4/ | | | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | | | Change | ☐ Addition | | | | |
| NAME | · . | | 3.2 NAME | | | | | | | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | • | | | | | | |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | | | | | | | | |
| TITLE | | DELETE | 4.1 TITLE | | | | Change | Addition . | | | | |
| NAME | • | | 4. 2 NAME | | | | • | | | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | | • | | | | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | | | | | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | | ☐ Change | ☐ Addition | | | | |
| NAME, | | | 5.2 NAME | | | | | | | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | | | | | | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | | | | | | | | |
| TILE . | | - DELETE | 8.1 ⅢLĒ — | | • | | ☐ Change | Addition | | | | |
| NAME | • | | ,6.2 NAME | | | | | . , | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | • , | | | ı | | | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | | | | | | | | |

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 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 receiper or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in nent with an address, with all other like empowered.

SIGNATURE: