

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000037484**
1. Corporation Name
LEATHER TRENDS INC.

Principal Place of Business: **12764 Newfield DR. Orlando 32837**
Mailing Address: **12764 Newfield DR. Orlando 32837**

3. Date Incorporated or Qualified: **May 10 1995**
3a. Date of Last Report: _____
4. FEI Number: **59-33-25410**
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

2. Principal Place of Business
21. **Same**
22. Sute. Apt. # etc: _____
23. City & State: _____
24. Zip: _____ Country: _____
25. _____
26. Mailing Address
26. **Same**
27. Sute. Apt. #, etc: _____
28. City & State: _____
29. Zip: _____ Country: _____
30. _____

9. Name and Address of Current Registered Agent
**Wolfe / Larry
200 A John Knox Rd.
Tallahassee, FL 32303-6643 US**

10. Name and Address of New Registered Agent
81. Name: **ASMA P. SHAIKH**
82. Street Address (P.O. Box Number is Not Acceptable): **12764 Newfield DR.**
83. **Orlando 32837**
84. City: _____
85. Zip Code: **FL 32837**

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: Asma P. Shaikh DATE: _____
Signature typed or printed name of registered agent and date of appointment

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President - ASMA P. SHAIKH	1.2 NAME	
STREET ADDRESS	12764 Newfield DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando 32837	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME	VICE President	2.2 NAME	
STREET ADDRESS	PERVAIZ SHAIKH	2.3 STREET ADDRESS	
CITY-ST-ZIP	12764 Newfield DR. Orlando 32837	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	100001798091
STREET ADDRESS		5.3 STREET ADDRESS	-04/29/96--01031--025
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***200.00
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	ASB
STREET ADDRESS		6.3 STREET ADDRESS	4-27-96
CITY-ST-ZIP		6.4 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)(k), 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: Asma P. Shaikh DATE: Apr. 20 1996 407-859-3013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)