SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)					
PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # P95000092131 (8)					
AMERICAN LEATHER CORPORATION				A INTERNATE HIN INCOME MANNE MANNE MANNE	ālijādija (ālijā leād) ciādā leiāc seda lada
Principal Place of Business Mailing Address					
2775 EAST 10TH AVENUE #B 2775 EAST 10TH AVENUE #B HIALEAH FL 33013 HIALEAH FL 33013					
				3. Date Incorporated or Qualified 12/01/1995	3a. Date of Last Report
2. Principal P	lace of Business	2a. Mailing Address 26		4. FE! Number 65-063/47	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ 24	Country 25	Z ₁ p	Country 30	This corporation has liability for in Florida Statutes	
<u> </u>	Name and Address of Currer RUZ, OSCAR	nt Registered Agent	81 Name	10. Name and Address of New Rec	stered Agent
2775 EAST 10TH AVENUE #B				ess (P.O. Box Number is Not Acceptabl	е)
н	IALEAH FL 33013		83		
			84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutos, 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 at registered age		PE Regislered Agent agnature requie		()AIE
12. TiTLE	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
NAME	PD CRUZ, OSCAR	DELETE	1 1 TITLE 1 2 NAME		Change Addition
STREET ADDRESS	2775 EAST 10TH AVENUE	⊭ B	1 3 STREET ADORESS		
CITY-ST-ZIP TITLE	HIALEAH FL 33013 SD	DELETE	1 4 C(TY - ST - Z)P		
NAME	SANTAMARIA, MARIA L	[_] butin	2 1 TITLE 2 2 NAME		Change Addition
STREET ADDRESS	2775 EAST 10TH AVENUE #	FB .	2 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	HIALEAH FL 33013	DELETE	2 4 CITY - ST - ZIP 3 1 TITLE		
NAME			3.2 NAME		Change Addition
STREET ADDRESS			3 3 STREET ADORESS		
CITY-ST-ZIP TITLE		DELETE	3.4 CITY-ST-ZIP 4.1 TITLE		Charles Latter
NAME			4 2 NAME		Change Addition
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP		
NAME		[] bettie	5 1 TITLE 5 2 NAME		Change Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZP TITLE		DELFTE	5 4 CITY - ST - 7IP		
NAME		been	6 1 TITLE 6 2 NAME		Change Addition
STREET ADDRESS			6.3 STREET ADDRESS		j
CITY-ST-ZIP	v Certify that the information supplied	with this filma is valuatoring 6	64 CITY-ST ZIP	for the english of the same of	0.07(0)() ()
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 617. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.					
SIGNATURE: 1 104 NOGEN 6/18/96 (305)/9/0190					
SAGNATURE AND TYPED DR PRINTED WANTE ON SIGNING OFFICE OR DIRECTOR					