SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # PS 1. Corporation Name QUALITY LEATHER, INC. P9600002304 (9)

Principal Place of Business

Mailing Address

FILED Aug 26 1997 8:00am Secretary of State



	MORANTE: PA AVENUE SUITE 500	SC CANTOR & MORANTE P.A. 777 DRICKELL AVENUE GUITE-500 MIAMI-FL 89181					DO NOT WRITE	IN THIS S	PACE		
(a 4014)					3. Date Incorporated or Qualified 01/08/1996		3a. Date of Last Report				
2. Principal Pla	ace of Business	2a. Mailing Address		, 1		4. FEI Number			A	pplied For	
21 104	Crandon Blud	6 104 Crandon Blud				65-063	5082		N	lot Applicable	
Suite, Apt. 6	⊮, etc.	Suite, Apt. #, etc.				6. Certificate of Status Desired			\$8.75 Additional Fee Regulred		
City & State	BISCAYHE FL	City & State REY BISCAYNE FL				6. Election Campaign Financing Trust Fund Contribution Added to Fees					
Zip 24 33/	Country	Zio	Zip Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.					
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
						Name PATRICIO CAMPIANI					
777-BRIOKELL AVE.											
* * * *	TE 500		82	1 D	Adores 7	S (P.O. BOX NUME	er is Not Acceptat	ʹʹʹʹʹͳΈ	421	~ A	
MIAMI FL 33131			63		•	110011	13.1.2				
inies	,]	ļ							
			84			BISCAYA		FL	85 Zip	3149	
11. Pursuant t	o the provisions of Sections 607 1002 egistered agent, or both, in the State of familiar with, and accept the obligati	and 607.1508, Florida Statutes,	, the abov	e-named	corpor	ration submits this n's board of direct	statement for the p	ourpose of of the appo	changing sintment a	its registered s registered	
agent. I ar	n familiar with, and accept the obligati	ens of, Section 607.0505, Florid	da Statute	is.	poration	113 00013 01 011001	0.0. 11101023 20001	/ I	_	0.00	
SIGNATURE			- Pa-	داءيما	· C	omplan 1 when relastating)		7/16/9	7		
3101111110112	ilgulature, typed or printed name of registered agent			ont signature	e required			/ DATE		20 11 10	
12.	OFFICERS AND		13.		1 4		HANGES TO OFFIC		Change		
TITLE	CANTOR, STEVEN L	□X DELETE	1.1 TITLE			//S/T/D			L Criange	K1 VOIIION	
NAME	-777-BRICKELL-AVESUITE-500		1,2 NAME			tricio Cam					
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NAME			2.2 NAME								
STREET ADDRESS			2.3 STREE	T ADDRESS							
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CITY-ST-ZIP			3.4. CITY-	ST-ZIP	<u> </u>				-	4.146	
TITLE		☐ DELETE	4.1 TITLE						L Change	☐ Addition	
NAME			4. 2 NAME	-]						
STREET ADDRESS			4.3 STREE	T ADDRESS							
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	ļ						
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NAME			5.2 NAME								
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CITY-ST-ZIP			5.4 CITY-	ST-ZIP							
TITLE	:	DELETE	6.1 TITLE						Change	Addition	
NAME			6.2 NAME		1						
STREET ADDRESS	- .		6.3 STREE	T ADDRESS	-						
CITY-ST-ZIP			6.4 CITY-		1		-				
14. I do hereb	by certify that the information supplied	with this filing does not qualify			stated i	n Section 119.07(3)(i), Florida Stalute	s. I further	certify the	at 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 32 if changed, or on an attachment with an address.