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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name P96000002304 (9)

QUALITY LEATHER, INC.

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Principal Place of Business Mailing Address 104 CRANDON BLVD 104 CRANDON BLVD SUITE 421-A SUITE 421-A DO NOT WRITE IN THIS SPACE KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149 3. Date Incorporated or Qualified 01/08/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0635082 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes X No Zip Country Zip 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name CANTOR, STEVEN L 104 CRANDON BLVD Street Address (P.O. Box Number is Not Acceptable) **SUITE 421-A** 83 **KEY BISCAYNE FL 33149** 84 City 85 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) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE Change Addition CAMPIANI, PATRICIO NAME 1.2 NAME 104 CRANDON BLVD SUIE 421-A STREET ADDRESS 1.3 STREET ADDRESS KEY BISCAYNE FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELFTE 2.1 TITLE Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP

CITY-ST-ZIP 14. Thereby 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 rue 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 received 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 or an attachment with an address.

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

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SIGNATURE:

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Apr 13 1998 8:00am

Secretary of State