FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000105348 (1)

DOCUMENT # CUTE LEATHER COLLECTIONS, INC.

FILED Apr 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					TÖJBI MILYA TILLI MISƏLIQLI 1991	
1827 NW 128 TERRACE 1827 NW 128 TERRACE						
PEMBROKE P	INES FL 33028	PEMBROKE PINES FL 33028		DO NOT WRITE IN THE	S SDACE	
					3. Date Incorporated or Qualified	3 OF AGE
					12/15/1997	
2. Principal Pt	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 265		26 1827 NW 1	98 13	M.	65-0801713	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27			of between the states belong	Fee Required
City & State			PINES	- EN	6. Election Campaign Financing	\$5.00 May Be
23 /4///// Zip	Country	28 Pomplotte	Country	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Trust Fund Contribution	Added to Fees
24 33/		<i></i>		nouse	 This corporation owes or has paid the operation of the Personal Property Tax due June 30. 	Yes No
	9. Name and Address of Current	11	301 7		10. Name and Address of New Registers	
LAI	KHANI, ASHRAF		81	Name		
1007 ANN 100 TERRACE				Street Addres	ss (P.O. Box Number is Not Acceptable)	
PEMBROKE PINES FL 33028						
			83			
			84	City		85 Zip Code
					<u> </u>	
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 Stignature, typoid or priced many of registered agent and title ill applicable. (NOTE: Registered Agent signature required when reinstalling). DATE						
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE			Change Addition
NAME	LAKHANI, ASHRAF		1.2 NAME			
STREET ADDRESS	1827 NW 128 TERRACE		1.3 STREET AL	DDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33028	T per ere	1.4 CITY-ST-	ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE	LAKHANI, RAFEEQ	☐ DELETE	2 1 TITLE			Change Addition
NAME	1827 NW 128 TERRACE		2.2 NAME			
STREET ADORESS	PEMBROKE PINES FL 33028		2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE			2. 4 CITY - ST- 3.1 TITLE	- ZIP		Change Addition
NAME	LAWINE ON COL		3.2 NAME			
STREET ADDRESS	4007 BBM 400 TEDDAGE		3.3 STREET A	DORESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33028		3.4. CITY-ST-ZIP			ļ
TITLE		DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET A	DDRESS		
CITY - ST - ZIP	<u> </u>	·····	4.4 CITY - ST-	ZIP		
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			}
STREET ADDRESS			5.3 STREET AL			
CITY-SI-ZIP		DELETE	5.4 CiTY-ST-	ZIP		Change Addition
TITLE		∟] DELETE	6.1 TITLE			CT CHAIRS CT ADDITION
NAME PERFET ADDRESS			6.2 NAME	DDDree		
STREET ADDRESS			6.3 STREET A			}
CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify for	the exemption		ection 119.07(3)(i). Florida Statutes. I further	certify that the information

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 informatio 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.

GNATURE:

SAMAHAF SAKCHANS

SIGNATURE: