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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000105441

1. Corporation Name
TOP RANKING LEATHER CRAFT CREATIONS, INC.

Principal Place of Business	Mailing Address
900 NW 103 ST MIAMI FL 33150	900 NW 103 ST MIAMI FL 33150

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 Brickell Ave. Station	3. Date Incorporated or Qualified 12/21/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 P.O. Box 310051	4. FEI Number 65-0887743 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Miami, Florida	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 25	Zip / Country 29 33231 30 Miami-Dade	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BARTON, DENNIS
900 NW 103 ST
MIAMI FL 33150

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1251 NE 108
83
84 City FL 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	Director	☐ Change ☑ Addition
NAME	MAYNARD, NATHANIEL		1.2 NAME	CASWALL A. HART	
STREET ADDRESS	P O BOX 3010 N/A		1.3 STREET ADDRESS	1251 NE 108 STREET, SUITE 402	
CITY-ST-ZIP	ST JOHNS, ANTIQUA W.I.		1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33161	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MAYNARD, ALTHEA		2.2 NAME		
STREET ADDRESS	P O BOX 3010 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST JOHNS, ANTIQUA W.I.		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Caswall A. Hart VP/CASWALL A. HART 4-28-99 305-895-7930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #