**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000105454

MASSA HANDBAGS, INC.

Principal Place of	f Business	
TOO NAM TOND AVE	SECRIC STR	

Mailing Address

777 MM 79MD AVE STE 20% 20%

## **FILED** May 06, 1999 8:00 am Secretary of State

05-06-1999 90126 008 \*\*\*150.00



MIAMI FL 33126	MIAMI FL 33126			
			DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualifed	}
			12/18/1998	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied Fo	
21	26	<del></del>		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired   \$8.75 Addition Fee Required	al
City & State	City & State	<del></del> _	6. Election Campaign Financing \$5.00 May Be	a
23	28		Trust Fund Contribution Added to Fees	
Zip Country	Zip Co	ountry	This corporation owes the current year Intangible	
24 25	29 30		Personal Property Tax. Yes You	
9. Name and Address of Current	Registered Agent	1001	10. Name and Address of New Registered Agent	
CHARL BIDVIA		81 Name		
CHAN, JUDY W		82 Street Add	ress (P.O. Box Number is Not Acceptable)	$\neg$
777 NW 72ND AVE., STE. 2C5-2B6				
MIAMI FL 33126		83		
		84 City	85 Zip Code	$\longrightarrow$
			FL	
11. Pursuant to the provisions of Sections 607.0502	and 607-1508, Florida Statutes, the	above-named corp	poration submits this statement for the purpose of changing its register	red
office or registered agent, or both, in the State of agent. I am familiar with and accept the obligation	Hiorida. Such charige was authorize aris of Section 607.0505. Florida Sta	ed by the corporation	on's board of directors, i hereby accept the appointment as registered	<b>'</b> \
1 1 1 2	Topy (e)	Iroes	4/23/99	
SIGNATURE Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Registers	ed Agent signature require	od when reinstating) DATE	-
12. OFFICERS AND	DIRECTORS 13		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12
TITLE PD	☐ DELETE 1,1	TITLE	☐ Change ☐ A	ddition
NAME CHAN, JUDY W		NAME		
STREET ADDRESS 777 NW 72ND AVE., STE. 2C5-28	6 1.3:	STREET ADDRESS		1
CITY-ST-ZIP MIAMI FL 33126	1.4 8	CITY-ST-ZIP		
TITLE	DELETÉ 2.1	MLE	Change A	ddition
NAME	221	NAME		)
STREET ADDRESS	2.3	STREET ADDRESS		
CITY-ST-ZIP	2.4	CITY-ST-ZIP		
TITLE	DELETE 3.1	TTLE .	Change A	ddition
NAME	3.24	NAME		
STREET ADDRESS	3.33	STREET ADDRESS		-
CITY-ST-ZIP	34.	CITY-ST-ZIP		
TITLE	☐ DELETE 4.1	TITLE	Change A	ddition
NAME	4. 2	NAME		}
STREET ADDRESS	4.3	STREET ADDRESS		1
CITY-ST-ZIP	4.4.0	CITY-ST-ZIP		
TITLE	DELETE 5.11	TITLE	☐ Change ☐ Ar	ddition
NAME	5.21	NAME		1
STREET ADDRESS	5.3 5	STREET ADORESS		
C/TY-ST-ZIP	5.4 0	CITY-ST-ZIP	_	ļ
TITLE	DELETE 6.1	TITLE	☐ Change ☐ A	ddition
NAME	6.21	NAME		
STREET ADDRESS	6.3 \$	STREET ADDRESS		- [
		CITY-ST-ZIP		

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: