

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 APR 30 AM 9:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # S55716

1. Corporation Name
Suitcase Saver, Inc.

Principal Place of Business

Mailing Address

4040 So. 84th Street
Omaha, NE 68127

4040 So. 84th Street
Omaha, NE 68127

3. Date Incorporated or Qualified
5-29-91

3a. Date of Last Report
3-29-96

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. Zip Country

29. Zip Country

4. FEI Number
65-0317477

Applied For
Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Ramos, Jorge H.
2250 S.W. 3rd Ave
Third Floor
Miami, Florida 33129

81. Name
WLMC Registered Agents, Inc.

82. Street Address (P.O. Box Number is Not Acceptable)
701 Brickell Avenue

83. Suite 2000

84. City
Miami

FL

85. Zip Code
33131

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 **WLMC Registered Agents by: Saturnino E. Lucio** **SATURNINO E. LUCIO**
DATE **4-29-97**

12. OFFICERS AND DIRECTORS

1.1 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP
1.5 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
1.6 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
1.7 TITLE
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CITY, ST, ZIP
1.8 TITLE
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CITY, ST, ZIP
1.9 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
1.10 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP
2.5 TITLE
2.6 NAME
2.7 STREET ADDRESS
2.8 CITY, ST, ZIP
2.9 TITLE
2.10 NAME
2.11 STREET ADDRESS
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2.92 CITY, ST, ZIP
2.93 TITLE
2.94 NAME
2.95 STREET ADDRESS
2.96 CITY, ST, ZIP
2.97 TITLE
2.98 NAME
2.99 STREET ADDRESS
3.00 CITY, ST, ZIP

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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 is based 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 registered 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 from an appointment with an address.

SIGNATURE: **Richard L. Muller, Pres.**

3-28-97

(402) 592-3626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)