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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V20471 (1)
1. Corporation Name
DAVID'S LEATHER & ACCESSORIES, INCORPORATED

Principal Place of Business
6000 GLADES RD.
T-114
BOCA RATON FL 33433

Mailing Address
3203 MEDINAH CIR. W.
LAKE WORTH FL 33467-1334



3. Date Incorporated or Qualified 03/09/1992
3a. Date of Last Report 09/04/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 579 Town Center	26 5913 Snowdrop Way	65-0335761	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	<input type="checkbox"/>	
23 Boca Raton, FL	28 West Palm Bch., FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Zip	<input type="checkbox"/>	
24 33431	29 33415	30 USA	31 USA
Country	Country		
25 USA	32 USA	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

ASVADI CHRISTINA AND DAVID
3203 MEDINAH CIR. W.
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent add. change

81 Name Asvadi Christina and David
82 Street Address (P.O. Box Number is Not Acceptable)
5913 Snowdrop Way
83
84 City West Palm Beach FL 85 Zip Code 33415

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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	ASVADI, DAVID	1.2 NAME	Asvadi, David
STREET ADDRESS	3203 MEDINAH CIRCLE W	1.3 STREET ADDRESS	5913 Snowdrop Way
CITY-ST-ZIP	LAKE WORTH FL 33467	1.4 CITY-ST-ZIP	West Palm Beach FL 33415
TITLE	D	2.1 TITLE	D
NAME	ASVADI, CHRISTINA	2.2 NAME	Asvadi, Christina
STREET ADDRESS	3203 MEDINAH CIRCLE W	2.3 STREET ADDRESS	5913 Snowdrop Way
CITY-ST-ZIP	LAKE WORTH FL 33467	2.4 CITY-ST-ZIP	West Palm Beach FL 33415
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-97 561 471-1025

Date

Daytime Phone #

0330466

CR2E034 (9/96)