FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 25 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V37167** **(6)**

1. Corporation Name
FIDELITY BAG, INC.

Principal Place of Business	Mailing Address
201 ALHAMBRA CIR 8TH FLOOR CORAL GABLES FL 33134	201 ALHAMBRA CIR 8TH FLOOR CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/19/1992
3a. Date of Last Report: 08/09/1994

2. Principal Place of Business	2a. Mailing Address
21 7270 N.W. 12th STREET	26 7270 N.W. 12th STREET
Suite, Apt. #, etc. 22 SUITE 140	Suite, Apt. #, etc. 27 SUITE 140
City & State 23 MIAMI FL	City & State 28 MIAMI FL
Zip 24 33126	Country 25 USA
Zip 29 33126	Country 30

4. FEI Number: 65-0348405 — 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

KRONGOLD, M RONALD
201 ALHAMBRA CIR
8TH FLOOR
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

01 Name: SALVADOR J. JUNCADELLA III
02 Street Address (P.O. Box Number is Not Acceptable): 7270 NW 12th STREET
03 SUITE 140
04 City: MIAMI FL 05 Zip Code: 33126

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: SALVADOR J. JUNCADELLA III — 4/22/95
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	11 TITLE	P/D	☒ Change ☐ Addition
NAME	KRONGOLD, M RONALD	12 NAME	SALVADOR J. JUNCADELLA, III	
STREET ADDRESS	201 ALHAMBRA CIR	13 STREET ADDRESS	7270 NW 12TH STREET, SUITE 140	
CITY-ST-ZIP	CORAL GABLES FL	14 CITY-ST-ZIP	MIAMI FL 33126	
TITLE	D	21 TITLE	S/D	☒ Change ☐ Addition
NAME	KRICUM, LEONARD	22 NAME	ANGEL R. KEAKADO	
STREET ADDRESS	9563 SW 57TH ST	23 STREET ADDRESS	7270 NW 12TH STREET, SUITE 140	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	MIAMI, FL. 33126	
TITLE	D	31 TITLE	T/D	☒ Change ☐ Addition
NAME	ROSS, PHILIP E	32 NAME	PHILIP B. ROSS	
STREET ADDRESS	1975 STIRLING RD	33 STREET ADDRESS	290 S.W. 9TH STREET	
CITY-ST-ZIP	DANIA FL	34 CITY-ST-ZIP	DANIA, FLORIDA 33004	
TITLE	D	41 TITLE	RESIGNED V/D	☒ Change ☐ Addition
NAME	BASS, PAUL H	42 NAME	LEONARD KAIGUN	
STREET ADDRESS	201 ALHAMBRA CIR	43 STREET ADDRESS	3010 MARCUS DRIVE	
CITY-ST-ZIP	CORAL GABLES FL	44 CITY-ST-ZIP	N. MIAMI BEACH, FL. 33160	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: SALVADOR J. JUNCADELLA III DIRECTOR 4/22/95 305-592-6676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0130744 CP