

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

FILED  
Apr 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V37167 (6)  
1. Corporation Name  
FIDELITY BAG, INC.



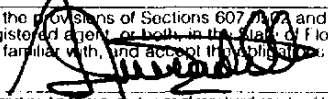
Principal Place of Business 7270 NW 12TH STREET SUITE 140 MIAMI FL 33126 US	Mailing Address 7270 NW 12TH STREET SUITE 140 MIAMI FL 33126 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 12491 SW 77th STREET Suite, Apt. #, etc. 22 City & State 23 MIAMI FLORIDA Zip 24 33183 Country 25 US		2a. Mailing Address 26 P.O. Box 830202 Suite, Apt. #, etc. 27 City & State 28 MIAMI FLORIDA Zip 29 33283 Country 30 US.		3. Date Incorporated or Qualified 05/19/1992	
		4. FEI Number 65-0348405		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent JUNCADELLA, III, S J. 7270 NW 12TH STREET SUITE 140 MIAMI FL 33126				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 12491 SW 77th STREET 83 84 City MIAMI FL 85 Zip Code 33183			
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11. Pursuant to the provisions of Sections 607.07 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. JUNCA 4-14-98  
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	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JUNCADELLA, III, S			1.2 NAME			
STREET ADDRESS	7270 NW 12TH STREET SUITE 140			1.3 STREET ADDRESS	12491 SW 77th ST.		
CITY - ST - ZIP	MIAMI FL			1.4 CITY - ST - ZIP	MIAMI FL 33183		
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KERKADO, ANGEL R			2.2 NAME			
STREET ADDRESS	7270 NW 12TH STREET SUITE 140			2.3 STREET ADDRESS	15440 SW 15th TER		
CITY - ST - ZIP	MIAMI FL			2.4 CITY - ST - ZIP	MIAMI FLORIDA 33186		
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROSS, PHILIP E			3.2 NAME			
STREET ADDRESS	280 SW 9TH STREET			3.3 STREET ADDRESS			
CITY - ST - ZIP	DANIA FL			3.4 CITY - ST - ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KRIGUN, LEONARD			4.2 NAME			
STREET ADDRESS	3010 MARCUS DRIVE			4.3 STREET ADDRESS			
CITY - ST - ZIP	NORTH MIAMI BEACH FL			4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

14. I hereby certify that the information submitted 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 appointed 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 in an attachment with a new address.

SIGNATURE:  SALVADOR J. JUNCA 4-14-98

CR2E034 (10/97)