

FILE NOW: FILING FEE AFTER MAY 1 IS \$220.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 240627

(0)

1. Corporation Name

SUAVE SHOE CORPORATION

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 17 PM 12:07

Principal Place of Business

**14100 NW 60TH AVE
MIAMI LAKES FL 33014**

Mailing Address

**14100 NW 60TH AVE
MIAMI LAKES FL 33014**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
09/28/1960

3a. Date of Last Report
02/21/1994

4. FEI Number
59-0914138

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**EGOZI, DAVID
14100 NW 60TH AVENUE
MIAMI LAKES FL 33014**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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)

(Typed Registered Agent signature required when consulting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPC
NAME	EGOZI, DAVID
STREET ADDRESS	14100 NW 60TH AVE
CITY - ST - ZIP	MIAMI LAKES, FL 00000
TITLE	TS
NAME	MIRONES, PEDRO
STREET ADDRESS	14100 NW 60TH AVE
CITY - ST - ZIP	MIAMI LAKES, FL 00000
TITLE	VD
NAME	RAMOS, EUGENE
STREET ADDRESS	14100 NW 60TH AVE
CITY - ST - ZIP	MIAMI LAKES FL
TITLE	AS
NAME	MARROQUIN, JOSE
STREET ADDRESS	14100 NW 60TH AVE
CITY - ST - ZIP	MIAMI LAKES FL
TITLE	C
NAME	VEGA, ANTONIO
STREET ADDRESS	14100 NW 60TH AVE
CITY - ST - ZIP	MIAMI LAKES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

Delete

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

Delete

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), 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 person or persons 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:

Pedro Mirones **PEDRO MIRONES**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-95 **305 822-7880**
Date Telephone