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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State **Katherine Harris** Secretary of State 05-10-1999 90151 022 ***150.00

1. Corporation	MEN I # 447377 N SHOE CO., INC.	7							
Principal Place of Business Mailing Address) (2011) BIBN BIBN 10000 WW	BBIL IBBL BIBLI BI	'Ett Bimtt gener m	reit fieti ient
3695 E. 10TH COURT 3695 E. 10TH COURT									
HIALEAH FL 33013 · HIALEAH FL 33013					1				
						DO NOT WR	ITE IN THIS	SPACE	
					3	Date Incorporated or Qualifect 03/07/1974	1		
2. Principal P	lace of Business	2a. Mailing Address			4	, FEI Number		Apr	plied For
21 26						<u>59-1521663</u>		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				. Certifcate of Status Desired		\$8.75 A	
22		27				, Controdic of Ciclos Desired		Fee Re	quired
City & State	e	City & State		_	€	Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	- 1
Zip Country Zip 4 25 29			Countr 30	у	8	Personal Property Tax.	rent year Into		□No
	9. Name and Address of Curre	nt Registered Agent			10). Name and Address of New	Registered /	Agent	
				81 Name					
BIRNBAUM, PATRICIA A 3695 E 10TH CT			82	82 Street Ad		P.O. Box Number is Net Accep	table)		
HIAL	EAH FL 33013		8:	3					
			84	City			FL	85 Zip C	Code
office or n	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was a lations of, Section 607.0505, Flo	authorized bi	y the corp s.	oration's t	ooard of directors. I hereby acce	ept the appoir	itment as reg	gistered
12.	OFFICERS AND DIRECTORS		13.	13.		ADDITIONS/CHANGES TO O	FFICERS AN	D DIRECTO	RS IN 12
TITLE	Р	☐ DELETE	1,1 TITLE		2			Change	☐ Addition
NAME	BIRNBAUM,EDWARD		1.2 NAME		BIRN	Mom Edward		•	
STREET ADDRESS	4840 SHERDAN STREET		1.3 STREE	T ADDRESS		Market Market			
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-	SY-ZIP	11/1/2	1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
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CITY-ST-ZIP			2. 4 CITY-	ST-ZIP	1				
TITLE		☐ DELETE	3.1 TITLE					☐ Change	☐ Addition
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CITY-ST-ZIP			3.4. CITY-	ST-ZIP	<u> </u>				
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STREET ADDRESS	I		4.3 STREE	ET ADDRESS	.[
CITY-ST-ZIP	the state of the s		4.4 CITY-	ST-ZIP					
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CITY-ST-ZIP			5.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE		T	*****		Change	Addition
NAME			6.2 NAME		}				. (
STREET ADDRESS			6.3 STRE	ET ADDRESS					
			6.4 CITY-						
CITY-ST-ZIP				-	L				

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 indicated on this annual report or suppliemental 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 chapter 607, or on an attachment with address, with all other like empowered.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR