

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 696636

(0)

1. Corporation Name  
**I.N. SHOES, INC.**

Principal Place of Business  
**1810 NW 20 ST  
MIAMI FL 33142**

Mailing Address  
**1810 NW 20 ST  
MIAMI FL 33142-7432**

FILED  
Apr 10 1997 8:00am  
Secretary of State



|                                                              |  |                                                     |  |                                                                                                                                                  |                                              |
|--------------------------------------------------------------|--|-----------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 2. Principal Place of Business<br>21 <b>278 NW 27 STREET</b> |  | 2a. Mailing Address<br>26 <b>278 N.W. 27 STREET</b> |  | 3. Date Incorporated or Qualified<br><b>07/28/1981</b>                                                                                           | 3a. Date of Last Report<br><b>04/18/1996</b> |
| Suite, Apt. #, etc.                                          |  | Suite, Apt. #, etc.                                 |  | 4. FEI Number<br><b>59-2113608</b>                                                                                                               | Applied For<br>Not Applicable                |
| 22 City & State<br><b>MIAMI FL</b>                           |  | 27 City & State<br><b>MIAMI, FL</b>                 |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                  |                                              |
| 23 Zip<br><b>33127</b>                                       |  | 28 Zip<br><b>33127</b>                              |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                            |                                              |
| Country<br><b>U.S.</b>                                       |  | Country<br><b>U.S.</b>                              |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                              |

|                                                                                                                 |  |                                                                                                                                                                                                                             |  |
|-----------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent<br><b>MOTOLA, ISAAC<br/>1810 NW 20TH ST.<br/>MIAMI FL 33145</b> |  | 10. Name and Address of New Registered Agent<br>81 Name <b>MOTOLA ISAAC</b><br>82 Street Address (P.O. Box Number is Not Acceptable)<br><b>278 N.W. 27 STREET</b><br>83<br>84 City <b>MIAMI</b> FL 85 Zip Code <b>33127</b> |  |
|-----------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | PD               | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MOTOLA, ISAAC L. | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 278 NW 27TH ST   | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | MIAMI FL         | 1.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | SM               | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MOTOLA, ISSAC    | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 278 NW 27TH ST   | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | MIAMI FL         | 2.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      |                  | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                  | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                  | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                  | 3.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      |                  | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                  | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                  | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                  | 4.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      |                  | 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                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      |                  | 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 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: *Isaac Motola* ISAAC L MOTOLA 4/6/97 305-571-9211  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0196633

CR2E034 (9/96)