

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F62459**

(5)

1. Corporation Name:

ITALIAN SHOEMAKERS, INC.

Principal Place of Business:

**C/O JEFFREY A. BERNSTEIN, ESQ.
9300 N.W. 58TH STREET, #206
MIAMI FL 33178
US**

Mailing Address:

**C/O JEFFREY A. BERNSTEIN, ESQ.
100 N. BISCAYNE BLVD., SUITE 1707
MIAMI FL 33132**



2. Principal Place of Business:

21 State, Apt., #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address:

26 State, Apt., #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

**BERNSTEIN, JEFFREY A., ESQ.
100 N. BISCAYNE BLVD., SUITE 1707
MIAMI FL 33132**

3. Date Incorporated or Qualified
02/19/1982

3a. Date of Last Report
04/27/1995

4. FEI Number
59-2163809

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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 607.01(2)(a) and 607.01(2)(b), 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, Sections 607.01(2)(a), Florida Statutes.

SIGNATURE

Signature of the person authorized to execute this report

Signature of the person authorized to execute this report

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME ☐ OFFICER ☐ DIRECTOR
VPD
ROMANELLI, PIETRO
9300 N.W. 58TH STREET, #206
MIAMI FL
PST
ROMANELLI, PIETRO
100 N. BISCAYNE #1707
MIAMI, FL 00000
D
ROMANELLI, RENZO
100 N. BISCAYNE #1707
MIAMI, FL 00000
D
ROMANELLI, PIETRO
100 N BISCAYNE #1707
MIAMI FL
D
ROMANELLI, PIETRO
100 N BISCAYNE #1707
MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME ☐ Change ☐ Addition
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY & STATE
13.5 ZIP
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY & STATE
13.9 ZIP
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY & STATE
13.13 ZIP
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY & STATE
13.17 ZIP
13.18 NAME
13.19 STREET ADDRESS
13.20 CITY & STATE
13.21 ZIP
13.22 NAME
13.23 STREET ADDRESS
13.24 CITY & STATE
13.25 ZIP
13.26 NAME
13.27 STREET ADDRESS
13.28 CITY & STATE
13.29 ZIP
13.30 NAME
13.31 STREET ADDRESS
13.32 CITY & STATE
13.33 ZIP
13.34 NAME
13.35 STREET ADDRESS
13.36 CITY & STATE
13.37 ZIP
13.38 NAME
13.39 STREET ADDRESS
13.40 CITY & STATE
13.41 ZIP
13.42 NAME
13.43 STREET ADDRESS
13.44 CITY & STATE
13.45 ZIP
13.46 NAME
13.47 STREET ADDRESS
13.48 CITY & STATE
13.49 ZIP
13.50 NAME
13.51 STREET ADDRESS
13.52 CITY & STATE
13.53 ZIP
13.54 NAME
13.55 STREET ADDRESS
13.56 CITY & STATE
13.57 ZIP
13.58 NAME
13.59 STREET ADDRESS
13.60 CITY & STATE
13.61 ZIP
13.62 NAME
13.63 STREET ADDRESS
13.64 CITY & STATE
13.65 ZIP
13.66 NAME
13.67 STREET ADDRESS
13.68 CITY & STATE
13.69 ZIP
13.70 NAME
13.71 STREET ADDRESS
13.72 CITY & STATE
13.73 ZIP
13.74 NAME
13.75 STREET ADDRESS
13.76 CITY & STATE
13.77 ZIP
13.78 NAME
13.79 STREET ADDRESS
13.80 CITY & STATE
13.81 ZIP
13.82 NAME
13.83 STREET ADDRESS
13.84 CITY & STATE
13.85 ZIP
13.86 NAME
13.87 STREET ADDRESS
13.88 CITY & STATE
13.89 ZIP
13.90 NAME
13.91 STREET ADDRESS
13.92 CITY & STATE
13.93 ZIP
13.94 NAME
13.95 STREET ADDRESS
13.96 CITY & STATE
13.97 ZIP
13.98 NAME
13.99 STREET ADDRESS
14.00 CITY & STATE
14.01 ZIP

14. I 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)(k), 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 this corporation or the registered or business 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 added as pertinent with an address.

SIGNATURE:

Pietro Romanelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-96

CR2E034 (12/95)