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Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # F62459 (5)

1. Corporation Name
ITALIAN SHOEMAKERS, INC.

Principal Place of Business	Mailing Address
C/O JEFFREY A. BERNSTEIN, ESQ. 9300 N.W. 58TH STREET, #206 MIAMI FL 33178 US	C/O JEFFREY A. BERNSTEIN, ESQ. 100 N. BISCAYNE BLVD., SUITE 1707 MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9350 N.W. 58 Street	2a. Mailing Address 26 9350 N.W. 58 Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip / Country 24 33178 / 25 USA	Zip / Country 29 33178 / 30 USA

3. Date Incorporated or Qualified: 02/19/1982
4. FEI Number: 59-2163809 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: Terrence S. Schwartz, Esquire
82 Street Address (P.O. Box Number is Not Acceptable): 141 N.E. Third Avenue
83: Suite 601
84 City: Miami FL 85 Zip Code: 33132

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: Terrence S. Schwartz 3/14/98
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ROMANELLI, PIETRO 9300 N.W. 58TH STREET, #206 MIAMI FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PVSTD Romanelli, Pietro 9350 N.W. 58 Street Miami, Florida 33178	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST ROMANELLI, PIETRO 100 N. BISCAYNE #1707 MIAMI, FL 00000	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Romanelli, Renzo 9350 N.W. 58 Street Miami, Florida 33178	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROMANELLI, RENZO 100 N. BISCAYNE #1707 MIAMI, FL 00000	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROMANELLI, PIETRO 100 N BISCAYNE #1707 MIAMI FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/97)

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 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: PIETRO ROMANELLI 3/19/98 (305) 477-9206