

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000081621 (2)**
1. Corporation Name
DEL RIO SHOES, INC.



Principal Place of Business
**1518 SAKONNET COURT
BRANDON FL 33511
US**

Mailing Address
**1518 SAKONNET COURT
BRANDON FL 33511
US**

3. Date Incorporated or Qualified **11/04/1994** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 21	2a. Mailing Address 26 PO Box 3130	4. FEI Number 59-3280819	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28 BRANDON, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29 33509	Country 30 HILLSBOROUGH

9. Name and Address of Current Registered Agent DEL RIO, JUANITA 1518 SAKONNET COURT STE. 2034 BRANDON FL 33511		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 607.1506, 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 _____ DATE _____
Signature, typed or printed name of registered agent or director, as applicable. (In 1997, Registered Agent signature requires electronic filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL RIO, JUANITA	1.2 NAME	
STREET ADDRESS	1518 SAKONNET COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL RIO, HERNANDO	2.2 NAME	
STREET ADDRESS	1518 SAKONNET COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	D OLINDA GUBVAREZ
STREET ADDRESS		3.3 STREET ADDRESS	1518 SAKONNET COURT
CITY-ST-ZIP		3.4 CITY-ST-ZIP	BRANDON, FL 33511
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	D MYARLYNE LOPEZ
STREET ADDRESS		4.3 STREET ADDRESS	757 S. KINGSTOWN CIRCLE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	BRANDON, FL 33511
TITLE	<input type="checkbox"/> DELETE	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	
TITLE	<input type="checkbox"/> DELETE	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 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 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: *Juanita Del Rio* **JUANITA DEL RIO** **4/26/96** **813-653-0438**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Duplicating Phone #

CR2E034 (12/95)