

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P95000039655 (2)**

1. Corporation Name

**NORDSTROM SHOES OF FLORIDA, INC.**



Principal Place of Business

Mailing Address

8845 S.W. 132ND STREET  
MIAMI FL 33176

8845 S.W. 132ND STREET  
MIAMI FL 33176

3. Date Incorporated or Qualified

05/18/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 14951 South Dixie Hwy

26 14951 South Dixie Hwy

Suite, Apt #, etc

Suite, Apt #, etc:

22 City & State

23 MIAMI, FLORIDA

27 City & State

28 MIAMI, FLORIDA

24 Zip

25 Country

33176

USA

29 Zip

30 Country

33176

4. FEI Number

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 has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEIL, NORMAN I  
100 S.E. SECOND ST.  
17TH FLOOR  
MIAMI FL 33131

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 607.1508, 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

Signature typed or printed in block (if typed, print name of signatory)

Date (if typed, print date of signature)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
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CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PRESIDENT
1.3 STREET ADDRESS	BARRY HANNA 14951 SOUTH DIXIE HIGHWAY
1.4 CITY - ST - ZIP	MIAMI, FLORIDA 33176
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VICE PRESIDENT
2.3 STREET ADDRESS	SOLIA HANNA 14951 SOUTH DIXIE HIGHWAY
2.4 CITY - ST - ZIP	MIAMI, FLORIDA 33176
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VICE PRESIDENT
3.3 STREET ADDRESS	GINA HANNA 14951 SOUTH DIXIE HIGHWAY
3.4 CITY - ST - ZIP	MIAMI, FLORIDA 33176
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment, but an address.

SIGNATURE: *[Signature]* BARRY HANNA  
6/10/96 (305) 252-7463  
DATE

CR2E034 (3/96)