

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

FILED  
May 12 1997 8:00am  
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997

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  
14951 SOUTH DIXIE HIGHWAY  
MIAMI FL 33176  
US

Mailing Address  
14951 SOUTH DIXIE HIGHWAY  
MIAMI FL 33176-7929  
US



3. Date Incorporated or Qualified 05/18/1995	3a. Date of Last Report 06/14/1996
4. FEI Number APPLIED FOR 65-0748898	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 14951 SOUTH DIXIE HWY Suite, Apt. #, etc.	2a. Mailing Address 26 14951 SOUTH DIXIE HWY Suite, Apt. #, etc.
22 City & State 23 MIAMI, FLORIDA	27 City & State 28 MIAMI - FLORIDA
24 Zip 33176 Country USA	29 Zip 33176 Country USA

9. Name and Address of Current Registered Agent  
WEIL, NORMAN I  
100 S.E. SECOND ST.  
17TH FLOOR  
MIAMI FL 33131

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 14951 SOUTH DIXIE HIGHWAY  
84 City MIAMI FL 85 Zip Code 33176

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: *Steven Isaacs* DATE: 5/11/97  
Signature: *Steven Isaacs, FINANCIAL CONTROLLER* (NOTE Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNA, BARRY	1.2 NAME	
STREET ADDRESS	14951 S DIXIE HWY	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNA, SONIA	2.2 NAME	
STREET ADDRESS	14951 S DIXIE HWY	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNA, GINA	3.2 NAME	
STREET ADDRESS	14951 S DIXIE HWY	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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	
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 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, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: 3/20/97 (305) 252-7463  
Signature and typed or printed name of signing officer or director

CR2E034 (9/96)