

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 NOV 23 AM 9:49

DOCUMENT # P97000070155 (1)
1. Corporation Name
S&E SHOE CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

98

DO NOT WRITE IN THIS SPACE

Principal Place of Business 1952 NE 5TH AVENUE BOCA RATON FL 33431		Mailing Address 1952 NE 5TH AVENUE BOCA RATON FL 33431	
2. Principal Place of Business 21 7401 N.W 8 ST Suite, Apt. #, etc. BAY E City & State Miami FL Zip 33126	2a. Mailing Address 26 7401 N.W 8 ST Suite, Apt. #, etc. BAY E City & State Miami, FL 33126 Zip 33126	4. FEI Number 65-077-4166	Applied For Not Applicable
22	27	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30
24 33126	25 U.S.A.	29 33126	30 U.S.A.

9. Name and Address of Current Registered Agent GOLDSTEIN, MARK B 2255 GLADES ROAD SUITE 236W BOCA RATON FL 33431		10. Name and Address of New Registered Agent 81 Name Manuel A. Espallat 82 Street Address (P.O. Box Number is Not Acceptable) 83 9908 N.W. 5 CT 84 PLANTATION, FL. FL 85 Zip Code 33324	
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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 *Manuel Espallat* Manuel Espallat DATE November 16, 1998
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input type="checkbox"/> DELETE	SIERRA, ALVERO 1952 NE 5TH AVENUE BOCA RATON FL 33431	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	SIERRA ALVARO
TITLE D <input type="checkbox"/> DELETE	GOLDSTEIN, MARK B 2255 GLADES ROAD, SUITE 236W BOCA RATON FL 33431	1.2 NAME	7401 N.W 8 ST BAY E
TITLE <input type="checkbox"/> DELETE		1.3 STREET ADDRESS	MIAMI, FL. 33126
TITLE <input type="checkbox"/> DELETE		1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VICE President
TITLE <input type="checkbox"/> DELETE		2.2 NAME	Manuel A. Espallat
TITLE <input type="checkbox"/> DELETE		2.3 STREET ADDRESS	9908 N.W 5 CT
TITLE <input type="checkbox"/> DELETE		2.4 CITY-ST-ZIP	PLANTATION, FL. 33324
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE		3.2 NAME	
TITLE <input type="checkbox"/> DELETE		3.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE		4.2 NAME	400002697984-5
TITLE <input type="checkbox"/> DELETE		4.3 STREET ADDRESS	-11/30/98-01125-002
TITLE <input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP	****750.00 ****750.00
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE		5.2 NAME	
TITLE <input type="checkbox"/> DELETE		5.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE		6.2 NAME	
TITLE <input type="checkbox"/> DELETE		6.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		6.4 CITY-ST-ZIP	

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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Manuel Espallat* **MANUEL ESPALLAT** DATE: Oct 26, 1998 Daytime Phone # 0325836

CR2E034 (10/97)