

**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

3. Date Incorporated or Qualified 08/13/1997
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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 November 16, 1998  
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 D <input type="checkbox"/> DELETE	NAME SIERRA, ALVERO	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	SIERRA ALVARO
STREET ADDRESS 1952 NE 5TH AVENUE	CITY-ST-ZIP BOCA RATON FL 33431	1.2 NAME	7401 N.W 8 ST BAY E
TITLE D <input type="checkbox"/> DELETE	NAME GOLDSTEIN, MARK B	1.3 STREET ADDRESS	MIAMI, FL. 33126
STREET ADDRESS 2255 GLADES ROAD, SUITE 236W	CITY-ST-ZIP BOCA RATON FL 33431	1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VICE President
STREET ADDRESS	CITY-ST-ZIP	2.2 NAME	Manuel A. Espallat
TITLE <input type="checkbox"/> DELETE	NAME	2.3 STREET ADDRESS	9908 N.W 5 CT
STREET ADDRESS	CITY-ST-ZIP	2.4 CITY-ST-ZIP	PLANTATION, FL. 33324
TITLE <input type="checkbox"/> DELETE	NAME	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	
TITLE <input type="checkbox"/> DELETE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	400002697984--5
TITLE <input type="checkbox"/> DELETE	NAME	4.3 STREET ADDRESS	-11/30/98--01125--002
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	****750.00 ****750.00
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE <input type="checkbox"/> DELETE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE <input type="checkbox"/> DELETE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	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 REIN Oct 26, 1998  
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0325836

CR2E034 (10/97)