FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 524789

1. Corporation Name: Worldwide Shoes, Inc.

Principal Place of Business	Mailing Address
11430 N. Kendall Dr. Suite 225 Miami FL 33176	11430 N Kendall Dr. Suite 225 Miami FL 33176

3. Date Incorporated or Qualified: 1/31/1977
3a. Date of Last Report: 4/29/95

2. Principal Place of Business	2a. Mailing Address
21 11430 N. Kendall Dr.	26 11430 N. Kendall Dr.
Suite, Apt. #, etc. 22 Suite 225	Suite, Apt. #, etc. 27 Suite 225
City & State 23 Miami FL	City & State 28 Miami FL
Zip 24 33176 Country 25 USA	Zip 29 33176 Country 30 USA

4. FEI Number: 59-1727873 ☐ 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

Hanna, Paul
360 Miracle Mile
Coral Gables FL 33134

10. Name and Address of New Registered Agent

81 Name: Carlos Garcia
82 Street Address (P.O. Box Number is Not Acceptable): 11430 N. Kendall Dr.
83 Suite 225
84 City: Miami FL 85 Zip Code: 33176

11. Pursuant to the provisions of Section 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: Carlos Garcia CARLOS GARCIA
Signature, typed or printed name of registered agent (Florida Registered Agent's signature required when filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D/T/S Paul Hanna 360 Miracle Mile Coral Gables FL 33134	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition No change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Charlotte Hanna 360 Miracle Mile Coral Gables FL 33134	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition 000001831280 -05/21/96--01013--039 ***225.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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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: _____ 5.14.96 305 461-1193

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #