

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Northrup
Secretary of State
DIVISION OF CORPORATIONS****FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 11:17****DOCUMENT # 223162 (9)****1. Corporation Name
SAMPLE SHOES, INC.****Principal Place of Business Mailing Address
216 N. MIAMI AVE. 139 NE 1ST
MIAMI FL 33128 SUITE 505
MIAMI FL 33132**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/30/1959 3a. Date of Last Report 01/19/1994**4. FEI Number 59-0884246 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****2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country****9. Name and Address of Current Registered Agent****MARCUS, JULIUS
139 NE 1ST #505
MIAMI FL 33132****10. Name and Address of New Registered Agent****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 name of registered agent and fee is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE**12. OFFICERS AND DIRECTORS****TITLE PD
NAME MARCUS, JULIUS
STREET ADDRESS 139 NE 1ST, SUITE 505
CITY - ST - ZIP MIAMI FL****TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP****TITLE
NAME
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CITY - ST - ZIP****TITLE
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CITY - ST - ZIP****TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP****13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12****1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP****2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP****3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP****4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP****5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP****6.1 TITLE ☐ Change ☐ 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 110.07(3)(b), 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: Julius Marcus Julius Marcus**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1/16/95 3053737004**
Date Signature