

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **272470** (6)

1. Corporation Name
FONTANA SHOE CO., INC.



Principal Place of Business
**217 LINCOLN ROAD
MIAMI BEACH FL 33139-3116**

Mailing Address
**217 LINCOLN ROAD
MIAMI BEACH FL 33139-3116**

3. Date Incorporated or Qualified 08/06/1963	3a. Date of Last Report 05/01/1995
4. FEI Number 59-1024542	Applied For <input type="checkbox"/> 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. State, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. State, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent

**SANCHEZ, CARLOS
3334 CHASE AVE
MIAMI BEACH FL 33140**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

11. Pursuant to the provisions of Sections 607.0902 and 607.1504, 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 607.0903, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	<input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VTD SANCHEZ JR, ALFREDO 217 LINCOLN ROAD MIAMI BEACH FL		12. NAME	
13. STREET ADDRESS		13. STREET ADDRESS	
14. CITY, ST, ZIP		14. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PTS SANCHEZ, CARLOS E. 217 LINCOLN ROAD MIAMI BEACH FL	<input type="checkbox"/> DELETE	21. TITLE	
22. NAME		22. NAME	
23. STREET ADDRESS		23. STREET ADDRESS	
24. CITY, ST, ZIP		24. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE	<input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		32. NAME	
33. STREET ADDRESS		33. STREET ADDRESS	
34. CITY, ST, ZIP		34. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE	<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		42. NAME	
43. STREET ADDRESS		43. STREET ADDRESS	
44. CITY, ST, ZIP		44. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE	<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		52. NAME	
53. STREET ADDRESS		53. STREET ADDRESS	
54. CITY, ST, ZIP		54. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61. TITLE	<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		62. NAME	
63. STREET ADDRESS		63. STREET ADDRESS	
64. CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntary, 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. 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 checked or in an attachment with an address.

SIGNATURE:

[Signature]

ALFREDO SANCHEZ

7/15/96

305/678-5266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)