FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 11 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **288738** **(8)**

1. Corporation Name
INJECTION FOOTWEAR CORP.

Principal Place of Business	Mailing Address
8730 N.W. 36 AVENUE MIAMI FL 33147	8730 N.W. 36 AVENUE MIAMI FL 33147

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/15/1965**
3a. Date of Last Report: **03/25/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **59-1086808** ☐ 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

BARROCAS,ALBERTO
8730 NW 36 AVE
MIAMI FL 33147

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 _____ DATE
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	VD	11 TITLE	VSD	☒ Change ☐ Addition
NAME	BARROCAS, JACOBO	12 NAME	BARROCAS JACOBO	
STREET ADDRESS	8730 NW 36TH AVE	13 STREET ADDRESS	8730 NW 36 AVE.	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI, FL.	
TITLE	VD	21 TITLE	VTD	☒ Change ☐ Addition
NAME	MAGRISSO, JULIO E.	22 NAME	MAGRISSO, JULIO E.	
STREET ADDRESS	8730 NW 36TH AVENUE	23 STREET ADDRESS	8730 NW 36 AVE.	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	MIAMI, FL.	
TITLE	PTD	31 TITLE	PD	☒ Change ☐ Addition
NAME	BARROCAS, ALBERTO	32 NAME	BARROCAS, ALBERTO	
STREET ADDRESS	8730 NW 36TH AVE	33 STREET ADDRESS	8730 NW 36 AVE.	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	MIAMI, FL.	
TITLE	VMD	41 TITLE		☒ Change ☐ Addition
NAME	BARROCAS, CHARLES	42 NAME	DELETE —	
STREET ADDRESS	8730 NW 36TH AVE	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP		
TITLE	V	51 TITLE		☐ Change ☐ Addition
NAME	MORALES, SILVIO R	52 NAME		
STREET ADDRESS	8730 NW 36TH AVE	53 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP		
TITLE	VD	61 TITLE		☐ Change ☐ Addition
NAME	BARROCAS, JOSE EDDY	62 NAME		
STREET ADDRESS	8730 NW 36TH AVE	63 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	64 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JULIO E. MAGRISSO C.F.O 305-696-4611
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Daytime Phone #
Date 4/1/95

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