

FILE NOW: FILING FEE AND MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 12 1997 8:00am
Secretary of State

DOCUMENT # **288738** (8)

1. Corporation Name
INJECTION FOOTWEAR CORP.

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

Mailing Address
**8730 N.W. 36 AVENUE
MIAMI FL 33147-3934**



3. Date Incorporated or Qualified **01/15/1965** 3a. Date of Last Report **05/03/1996**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 29 Zip Country

4. FEI Number **59-1086808** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VSD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARROCAS, JACOBO		1.2 NAME	
STREET ADDRESS	8730 NW 36TH AVE		1.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL		1.4 CITY- ST- ZIP	
TITLE	VTD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGRISSE, JULIO E.		2.2 NAME	
STREET ADDRESS	8730 NW 36TH AVENUE		2.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL		2.4 CITY- ST- ZIP	
TITLE	PD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARROCAS, ALBERTO		3.2 NAME	
STREET ADDRESS	8730 NW 36TH AVE		3.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL		3.4 CITY- ST- ZIP	
TITLE	V	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORALES, SILVIO R		4.2 NAME	
STREET ADDRESS	8730 NW 36TH AVE		4.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL		4.4 CITY- ST- ZIP	
TITLE	VD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARROCAS, JOSE EDDY		5.2 NAME	
STREET ADDRESS	8730 NW 36TH AVE		5.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL		5.4 CITY- ST- ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY- ST- ZIP			6.4 CITY- ST- ZIP	

14. I do 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

5/2/97 305-696-4611

CR2E034 (9/96)