## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 288738 1. Corporation Name

## **FILED** Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90015 012 \*\*\*150.00

INJECTION FOOTWEAR CORP.									
Principal Place	of Rusiness	Mailing Address					HOT IN HERE	ILII SIDH DILII D	
Principal Place of Business Mailing Address  8730 N.W. 36 AVENUE 8730 N.W. 36 AVENUE									
MIAMI FL 33147 MIAMI FL 33147						DO NOT WE	TC IN THE	enaer.	
						3. Date Incorporated or Qualifed	IE IN THIS	SPACE	
						01/15/1965			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Apı	plied For
21 26						59-1086808		No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired		\$8.75 A Fee Re	
22   27     City & State   City & State						6. Election Campaign Financing		\$5.00	May Be
23	3 28					Trust Fund Contribution		Added to	
Zip	Country Zip Cou			ntry		8. This corporation owes the curr	ent year Inte		
24	25		30			Personal Property Tax.			□No
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New I	redisteren y	Agent	
BARROCAS.ALBERTO									
8730 NW 36 AVE				82	Street Add	dress (P.O. Box Number is Not Accepta	able)		
MIAMI FL 33147			•	83					
				84	City	, Add Walter to		85 Zip C	ode
AA D					named so	moration submits this statement for the	DUITDOSE OF	changing its	registered
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									
12.	Signature, typed or printed name of registered agent OFFICERS ANI		Registered 13.	Agent	signature requi	ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12
TITLE	VSD	DELETE	1.1 TIT	1.E				Change	Addition
NAME	BARROCAS, JACOBO		1.2 NA	ME					
STREET ADDRESS				REET	ADDRESS			•	
CITY-ST-ZIP	A 11 4 A 11 TA			Y-ST	- ZiP	·			
TITLE	VTD □ DELETE 2.1 TI			LE				☐ Changé	☐ Addition
NAME	MAGRISSO, JULIO E. 22N			ME		•		•	[
STREET ADDRESS	8730 NW 36TH AVENUE				ADDRESS			<b>-</b> .	
CITY-ST-ZIP	MIAMI FL		2. 4 Cl	TY-ST					
TITLE	PD	☐ DELETE	3 1 TIT	LE	4	EHAIRMAN D		Change	☐ Addition
NAME	BARROCAS, ALBERTO		3.2 NA	ME		,		1	
STREET ADDRESS	8730 NW 36TH AVE				ADDRESS			•	
CITY-ST-ZIP	MIAMI FL	□ perere	_		r-ZIP ·			☐ Change	Addition
TITLE	V	☐ DELETE	4.1 TIT					□ cuande	
NAME	MORALES, SILVIO R		4.2 NA		ADDOCA				
STREET ADDRESS	8730 NW 36TH AVE				ADDRESS .				
CITY-ST-ZIP	MIAMI FL VD	☐ DELETE	4.4 CIT 5.1 TIT			/o		Change	Addition
NAME	BARROCAS, JOSE EDDY		5.1 III		·  7	,			
STREET ADDRESS	8730 NW 36TH AVE				ADDRESS /			•	
CITY-ST-ZIP	MIAMI FL		5.4 CIT						_
TITLE	V	☐ DELETE	6.1 TIT		+	<b>V</b>		Change	Addition
	OHAR MELINOS-		6.2 NA	ME	0	MAR MELINO FI			
	8730 NW 36 AUE.		6.3 STI	REET	ADDRESS 😴	770 NW 76 AUI.			
	1 1 2 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		•		10	,, u po <u>m</u>			

14. I 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 of 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, with all other like empowered.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

301-6696-4611