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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

428237

(2)

DOCUMENT # 428237 (2) 1. Corporation Name AVANTI SHOE CORP										
VAVIALI OLIOF COLII										
Principal Place of Business Mailing Address								OH CIUM DIQU	(1811   11811   16E1	
2626 NE 2ND AVE MIAMI FL 33137				2626 NE 2ND AVE MIAMI FL 33137						
	-						3. Date incorporated or Qualified 06/13/1973	3a. Dat	e of Last F 05/01/19	eport <b>95</b>
Principal Pla	ce of Busine	SS	2a	. Mailing Address		···	4. FEI Number	_ 1		Applied For
			26				59-1482607			Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc. 27 City & State			5. Certificate of Status Desired			5 Additional Required	
City & State					[27]		6. Election Campaign Financing		\$5 00 May Be	
Oily & Oldio			28				Trust Fund Contribution	et bA LJ		d to Fees
Zιρ		Country		Zip	Count	try	This corporation has liability for Florida Statutes  Yes	or intangible : es 🏻 No	tax under s	199.032,
		and Address of C	29	ctored Apent	30		10. Name and Address of New		Agent	
	9. Name	and Address of C	urrent negi	stered Agent	8	Name				
ARBEN,	MARIO A.					32 Street Addr	ess (P.O. Box Number is Not Accept	able)		
	IRLAND A	<b>/E</b> .				Street Addi	633 (1.0. 00)(110)(10)			
SURFSIE	DE FL 331!	54			8	33				
					8	34 City			85 Z	ip Code
								FI		
	71	Castings 607	OFOO and 6	07 1500 Florido Stat	utes the above	e-named cornor	ration submits this statement for the p	wnose of c	hanging its	registered offi
				07.1508, Florida Stat ch change was autho 7.0505, Florida Statut		e-named corpor proporation's boar	ration submits this statement for the production of directors. I hereby accept the ap	wnose of c	hanging its is registere	registered offi d agent. I am
or registere familiar wit	ed agent, or h, and acce	poth, in the State of ot the obligations of	, Section 607	7.0505, Florida Statut	es.	iporation 3 book	To or directions, thorough the exp	wnose of c	hanging its is registere	registered officed agent. I am
or registere familiar wit	ed agent, or h, and acce	both, in the State of ot the obligations of or printed name of registers	, Section 607	7.0505, Florida Statut	es.	e-named corpor prporation's boal	To or directions, thorough the exp	ourpose of clopointment a		ORS IN 12
or registere familiar wit	ed agent, or h, and acce Signature, typed	both, in the State o of the obligations of or printed name of registers OFFICER	, Section 607	7.0505, Florida Statut	es.	gent signature require	id when reinstating)	ourpose of clopointment a		ORS IN 12
or registers familiar wit SNATURE F	ed agent, or h, and acce	Doth, in the State of other obligations of or printed name of registers OFFICER	, Section 607	7.0505, Florida Statut  rapplication (	NOTE Registered A  13. 1.1 Title 1.2 NAM	gent signature require	id when reinstating)	ourpose of clopointment a	ID DIRECT	ORS IN 12
or registere familiar wit	Signature, typed  P  ARBER 1413 B	both, in the state of the obligations of or printed name of registers  OFFICER  MARIO ISCAYA DR.	, Section 607	7.0505, Florida Statut  rapplication (	NOTE Registered A  13. 1.1 Title 1.2 NAM	gent signature require  LE  ME  LET ADDRESS	id when reinstating)	ourpose of clopointment a	ID DIRECT	ORS IN 12
or registere familiar wit GNATURE	ed agent, or h, and acce Signature, typed P ARBER 1413 B SURFS	both, in the state of the obligations of or printed name of registers  OFFICER  MARIO ISCAYA DR.	, Section 607	Farplication DELETE	NOTE Registered A  13. 1.1 Titl 1.2 NAN 1.3 STR 1.4 CITY	gent signature require  LE  ME  SEET ADDRESS Y-ST-ZIP	id when reinstating)	ourpose of clopointment a	ID DIRECT	ORS IN 12
or registere familiar wit GNATURE _  . F. ME ME METADDRESS Y: \$1-ZIP	P ARBER 1413 B SURFS	both, in the state of the obligations of or printed name of registers  OFFICER  MARIO  ISCAYA DR.  IDE FL	, Section 607	7.0505, Florida Statut  rapplication (	NOTE Registered A 13. 1.1 Titl 1.2 NAN 1.3 STR 1.4 City 2.1 Titl	gent signature require  LE  ME  EET ADDRESS  Y-ST-ZIP  LE	id when reinstating)	ourpose of clopointment a	ID DIRECTI	ORS IN 12
or registere familiar with fanATURE	P ARBER 1413 B SURFS S ARBER	both, in the state of the obligations of or printed name of register OFFICER  MARIO ISCAYA DR. IDE FL  CELIA I.	, Section 607	Farplication DELETE	NOTE Registered A 13. 1.1 Title 1.2 NAN 1.3 STR 1.4 CITY 2.1 Title 2.2 NAN	gent signature require  LE  AE  EET ADDRESS  Y-ST-ZIP  LE  ME	id when reinstating)	ourpose of clopointment a	ID DIRECTI	ORS IN 12
or registere familiar wit fanature	P ARBER 1413 B SURFS S ARBER 1413 B	Doth, in the State of the obligations of OFFICER  MARIO SCAYA DR.  DE FL  CELIA I.  ISCAYA DR.	, Section 607	Farplication DELETE	PROFILE Registered A  13. 1.1 TITE 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITE 2.2 NAM 2.3 STR	gent signature require  LE  ME  EET ADDRESS  Y-ST-ZIP  LE	id when reinstating)	ourpose of clopointment a	ID DIRECTI	ORS IN 12
or registere familiar wit gnature	P ARBER 1413 B SURFS S ARBER	Doth, in the State of the obligations of OFFICER  MARIO SCAYA DR.  DE FL  CELIA I.  ISCAYA DR.	, Section 607	Farplication DELETE	PROFILE Registered A  13. 1.1 TITE 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITE 2.2 NAM 2.3 STR	gent signature require  LE  AE  EET ADDRESS  Y-ST-ZIP  LE  ME  AE  EET ADDRESS  Y-ST-ZIP	id when reinstating)	ourpose of clopointment a	ID DIRECTI	ORS IN 12 Addition Addition
or registere familiar wit gnature grading from the gradin	P ARBER 1413 B SURFS S ARBER 1413 B	Doth, in the State of the obligations of OFFICER  MARIO SCAYA DR.  DE FL  CELIA I.  ISCAYA DR.	, Section 607	CTORS  DELETE	PROFESSION OF THE COLORS OF TH	gent signature require  LE  AE  EET ADDRESS  Y-ST-ZIP  LE  ME  ME  ME  ME  ME  ME  ME  ME  ME	id when reinstating)	ourpose of clopointment a	ID DIRECTI Change Change	ORS IN 12 Addition Addition
or registere familiar wit familiar wit gnature	P ARBER 1413 B SURFS S ARBER 1413 B	Doth, in the State of the obligations of OFFICER  MARIO SCAYA DR.  DE FL  CELIA I.  ISCAYA DR.	, Section 607	CTORS  DELETE	13. 1 1 1/1/1 1.2 NAM 1.3 STR 1.4 CITY 2 1 TITI 2 2 NAM 2.3 STR 2.4 CITY 3 1 TITI 3.2 NAM	gent signature require  LE  AE  EET ADDRESS  Y-ST-ZIP  LE  ME  ME  ME  ME  ME  ME  ME  ME  ME	id when reinstating)	ourpose of clopointment a	ID DIRECTI Change Change	ORS IN 12 Addition Addition
or registere familiar wit ginature gina	P ARBER 1413 B SURFS S ARBER 1413 B	Doth, in the State of the obligations of OFFICER  MARIO SCAYA DR.  DE FL  CELIA I.  ISCAYA DR.	, Section 607	CTORS DELETE	13. 1 1 1/1/1 1/2 NAM 1 3 STR 1 4 CITY 2 1 TITI 2 2 NAM 2 3 STR 2 4 CITY 3 1 TITI 3 2 NAM 3 3 STF 3 4 CITY	gent signature require  LE AE EET ADDRESS Y-ST-ZIP LE ME EET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS	id when reinstating)	ourpose of clopointment a	ID DIRECTI Change Change	ORS IN 12 Addition Addition
or registere familiar wit sinature =	P ARBER 1413 B SURFS S ARBER 1413 B	Doth, in the State of the obligations of OFFICER  MARIO SCAYA DR.  DE FL  CELIA I.  ISCAYA DR.	, Section 607	CTORS  DELETE	13. 1.1 Titl 1.2 NAM 1.3 STR 1.4 CITY 2.1 Titl 2.2 NAM 2.3 STR 2.4 CITY 3.1 Titl 3.2 NAM 3.3 STR 3.4 CITY 4.1 TIT	gent signature require  LE  ME  SEET ADDRESS  Y-ST-ZIP  LE  ME  SEET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  Y-ST-ZIP	id when reinstating)	ourpose of clopointment a	ID DIRECTI Change Change	ORS IN 12 Addition Addition
F F F F F F F F F F F F F F F F F F F	P ARBER 1413 B SURFS S ARBER 1413 B	Doth, in the State of the obligations of OFFICER  MARIO SCAYA DR.  DE FL  CELIA I.  ISCAYA DR.	, Section 607	CTORS DELETE	13. 1.1 Title 1.2 NAM 1.3 STR 1.4 CITY 2 1 Title 2 2 NAM 2.3 STR 2.4 CITY 3 1 Title 3.2 NAM 3.3 STR 3.4 CITY 4.1 TITE 4.2 NAM	gent signature require  LE  ME  SEET ADDRESS  Y-ST-ZIP  LE  ME  SEET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  ME  REET ADDRESS  ME  REET ADDRESS  ME  REET ADDRESS  ME  REET ADDRESS  ME	id when reinstating)	ourpose of clopointment a	ID DIRECTI Change Change	ORS IN 12 Addition Addition
F ALE EET ADDRESS (-S1-ZIP) F ME EET ADDRESS (-S1-ZIP) F ME EET ADDRESS (-S1-ZIP) F MALE	P ARBER 1413 B SURFS S ARBER 1413 B	Doth, in the State of the obligations of OFFICER  MARIO SCAYA DR.  DE FL  CELIA I.  ISCAYA DR.	, Section 607	CTORS DELETE	13. 1.1 Title 1.2 NAN 1.3 STR 2.4 CITY 2.1 TITE 3.2 NAN 3.3 STR 4.4 CITY 4.1 TITE 4.2 NAN 4.3 STR 4.4 CITY 4.1 TITE 4.2 NAN 4.3 STR	gent signature require  LE  ME  SEET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS	id when reinstating)	ourpose of clopointment a	ID DIRECTI Change Change	ORS IN 12 Addition Addition
or registere familiar wite familiar wite sinature	P ARBER 1413 B SURFS S ARBER 1413 B	Doth, in the State of the obligations of OFFICER  MARIO SCAYA DR.  DE FL  CELIA I.  ISCAYA DR.	, Section 607	DELETE	13. 1.1 Title 1.2 NAN 1.3 STR 2.4 CITY 2.1 TITE 3.2 NAN 3.3 STR 4.4 CITY 4.1 TITE 4.2 NAN 4.3 STR 4.4 CITY 4.1 TITE 4.2 NAN 4.3 STR	gent signature require  LE  ME  SEET ADDRESS  Y-ST-ZIP  LE  ME  SEET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  Y-ST-ZIP	id when reinstating)	ourpose of clopointment a	ID DIRECTI Change Change	ORS IN 12 Addition Addition Addition
or registere familiar wite sinature:  F ME  EET ADDRESS  Y-S1-ZIP  E ME  ME  ME  ME  ME  ME  ME  ME  ME	P ARBER 1413 B SURFS S ARBER 1413 B	Doth, in the State of the obligations of OFFICER  MARIO SCAYA DR.  DE FL  CELIA I.  ISCAYA DR.	, Section 607	CTORS DELETE	13. 1 1 1/11 1 2 NAM 1 3 STR 2 4 CITY 3 1 TITI 3 2 NAM 3 3 STR 3 4 CITY 4 1 TITI 4 2 NAM 4 3 STR 4 CITY 4 1 TITI 4 2 NAM 4 3 STR	gent synature require  LE  ME  SEET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  Y-ST-ZIP	id when reinstating)	ourpose of clopointment a	ID DIRECTI Change Change	ORS IN 12 Addition Addition Addition
or registere familiar wit gnature	P ARBER 1413 B SURFS S ARBER 1413 B	Doth, in the State of the obligations of OFFICER  MARIO SCAYA DR.  DE FL  CELIA I.  ISCAYA DR.	, Section 607	DELETE	13. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	gent synature require  LE  ME  SEET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  Y-ST-ZIP	id when reinstating)	ourpose of clopointment a	ID DIRECTI Change Change	ORS IN 12 Addition Addition Addition
or registere familiar with annual service familiar with annual service familiar with annual service familiar with annual service familiar with an unit service familiar service	P ARBER 1413 B SURFS S ARBER 1413 B	Doth, in the State of the obligations of OFFICER  MARIO SCAYA DR.  DE FL  CELIA I.  ISCAYA DR.	, Section 607	DELETE	13. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	gent synature require  LE  ME  SEET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  ME  ME  ME  ME  ME  ME  ME  ME	id when reinstating)	ourpose of clopointment a	D DIREC TI Change Change Change	ORS IN 12 Addition Addition Addition Addition
OF registers familiar wit gnature	P ARBER 1413 B SURFS S ARBER 1413 B	Doth, in the state of the obligations of OFFICER  MARIO SCAYA DR.  DE FL  CELIA I.  ISCAYA DR.	, Section 607	DELETE	13. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	gent synature require  LE  ME  SEET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  ME  HEET ADDRESS	id when reinstating)	ourpose of clopointment a	ID DIRECTI Change Change	ORS IN 12 Addition Addition Addition Addition
or registere familiar wit gnature  LE ME ME ME METADDRESS Y-S1-ZIP LE ME	P ARBER 1413 B SURFS S ARBER 1413 B	Doth, in the state of the obligations of OFFICER  MARIO SCAYA DR.  DE FL  CELIA I.  ISCAYA DR.	, Section 607	DELETE   D	13. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	gent synature require  LE  ME  LET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  HEET ADDRESS  Y-ST-ZIP  LE	id when reinstating)	ourpose of clopointment a	D DIREC TI Change Change Change	ORS IN 12 Addition Addition Addition Addition
or registere familiar wit GNATURE	P ARBER 1413 B SURFS S ARBER 1413 B	Doth, in the state of the obligations of OFFICER  MARIO SCAYA DR.  DE FL  CELIA I.  ISCAYA DR.	, Section 607	DELETE   D	13. 1.1 TITE 1.2 NAN 1.3 STR 1.4 CITY 2 1 TITE 22 NAN 23 STR 24 CITY 3 1 TITE 32 NAN 33 STR 44 CITY 4.1 TITE 4.2 NAN 4.3 STR 4.4 CIT 5.1 TIT 52 NAN 53 STR 54 CIT 6.1 TITE 62 NAN	gent synature require  LE  ME  LET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  HEET ADDRESS  Y-ST-ZIP  LE	id when reinstating)	ourpose of clopointment a	D DIREC TI Change Change Change	ORS IN 12 Addition Addition Addition Addition