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

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90051 004 ***150.00

DOCUMENT # 502518

1. Corporation Name

DOMINO FOOTWEAR, INC.

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Principal Place of Business Mailing Address						1 1886) Bitt Bills tilbr bills i bill	: .	
P.O. BOX 402524 P.O. BOX 402524 MIAMI BCH FL 33140 MIAMI BCH FL 33140								
						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		•
						04/29/1976	··	
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	· Apr	olied For
21		26				59-1666893		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	
22		27					Fee Rec	
City & State	е	City & State				6. Election Campaign Financing	* \$5:00 (
23		28				Trust Fund Contribution	Added to	rees
Zip	Country	Zip	Cour	iu y		This corporation owes the current year la Personal Property Tax.		□No I
24	25	29 Barrietared Agent	30			10. Name and Address of New Registered	,	
	9. Name and Address of Current	Registered Agent		81	Name	To. Hame and Addition of the Magister		
МАТ	z, isaac							
	BISCAYNE BLVD.		-	82	Street Addre	ess (P.O. Box Number is Not Acceptable)		i
MIAMI FL 33137			}	83				
MAN	M 1 E 00 101			•				_
			[84	City		85 Zip C	code
44	to the provinces of Sections 607 0502	and 607 1508 Florida Statu	ites the ar	nove-	named corpo	pration submits this statement for the numose of	of changing its	registered
office or r	egistered agent, or both, in the State of	Florida Such change was	autnonzed	OV (I	ne corporatio	n's board of directors. I hereby accept the app	ointment as reg	gistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Fi	orida Statu	tes.				
SIGNATURE	Signature, typed or printed name of registered agent	and title if nonlicable (NO	TE: Registered	Anent s	signature required	when reinstating) DATE		
12.	OFFICERS AND		13.	- gent a	agnature requires	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TIT	LE.			☐ Change	Addition
NAME	SCHNIADOSKI, JULIO		1.2 NA	ME				
STREET ADDRESS	5660 COLLINS AVENUE #21A							
3 INCC I ADDIÇESS					ADORESS			
CITY OT 710	1		1.3 S∏	REETA	ADORESS			
CITY-ST-ZIP	MIAMI BEACH FL	☐ DELETE		REET A			☐ Change	Addition
TITLE	MIAMI BEACH FL PD	☐ DELETE	1.3 STI 1.4 CIT 2.1 TIT	REET A Y-ST-2 LE			☐ Change	☐ Addition
TITLE '	MIAMI BEACH FL PD SCHNIADOSKI, RELA	☐ DELETE	1.3 STI 1.4 CIT 2.1 TIT 2.2 NA	REET A Y-ST-I LE ME	ZIP		Change	☐ Addition
TITLE NAME ' STREET ADDRESS	MIAMI BEACH FL PD SCHNIADOSKI, RELA 5660 COLLINS AVENUE #21A	☐ DELETE	1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI	REET A Y-ST-Z LE ME REET A	ADORESS		Change	Addition
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TITLE NAME ' STREET ADDRESS CITY-ST-ZIP TITLE NAME	MIAMI BEACH FL PD SCHNIADOSKI, RELA 5660 COLLINS AVENUE #21A MIAMI BEACH FL SD SANDS, ISRAEL		1.3 STF 1.4 CIT 2.1 TIT 2.2 NA 2.3 STF 2.4 CIT 3.1 TIT 3.2 NA	Y-ST-; LE ME REET A TY-ST- LE	ADORESS	· -	<u> </u>	
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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 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 adachment with an address, with all other like empowered.

SIGNATURE: