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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

SPANISH CREATIONS SHOE IMPORTS, INC.

Principal Place of Business	Mailing Address					
1756 N.W. 23RD STREET MIAMI FL 33142	1756 N.W. 23RD STREET MIAMI FL 33142					
2. Principal Place of Business	2a. Mailing Address	 				

FILED Apr 08 1998 8:00am Secretary of State



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Principal Place	e of Busines	S			Mailing	Address										
1756 N.W. 23RD STREET 1756 N.W. 23RD STREET MIAMI FL 33142																
MIAMI FL 331	142				MIAMI	FL 33142					DO NOT WRITE	IN THIS S	SPACE			
											3. Date Incorporated or Qualified					\neg
											03/10/1977					
2. Principal P	ace of Busi	ness			2a. Mai	ling Address					4. FEI Number			Ap.	plied For	
21				2	6						59-1727080			No	Applicabl	е
Suite, Apt.	#, etc.			L	Suit	e, Apt. #, etc.					5. Certificate of Status Desired				dditional	
22				2	7										quired	4
City & State	0			-	¬ ´	& State					6. Election Campaign Financing	П			Мау Ве	
23 Zip			ountry	2	2ip		·	Country	,		Trust Fund Contribution 8. This corporation owes or has pa				o Fees	\dashv
24		25	ou my	-	9		30	000.11.	•		Personal Property Tax due June	-	Yes		No No	
27	g, Name		ddress of Curre			d Agent	1001	$\neg \vdash$		····	10. Name and Address of New Re					ᅱ
ZE	LCER, SER	GIO						81	Nar	ne						
	56 N.W. 23		TREET					82	Stre	et Addre	ess (P.O. Box Number is Not Acceptal	nle)				\dashv
	AMI FL 331									01710010		,,,,				
								83								1
								84	City	,			85	Zip C	Code	\dashv
												FL				4
l office or r	enistered ac	aent, o	l Sections 607.05 r both, in the Stat d accept the obli	e of FI	kurida S	uch change w	as autho	rized b	v the c	ed corpo corporation	oration submits this statement for the pon's board of directors. I hereby acce	ourpose of of the app	chanç ointme	ging its	s registered registered	1
SIGNATURE																
<u></u>	Signature, typed	d or printe	ed name of registered a						ent signa	ature required	d when reinstating)	DATE	DIDE	OTOD	0.151.40	<u>f</u>
12.	В		OFFICERS A	ND DII	RECTOR	RS DELETE		13. 1.1 TITLE			ADDITIONS/CHANGES TO OFFIC	JEHS AND	DIHE		S IN 12 Addition	_ { }
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NAME							1	4. 2 NAME								
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1 1								6.3 STRÉE	T ANDE	ec l	PETER TEACHERS			4		
STREET ADDRESS								o.3 STREE	ADUKE	∾						

14. Thereby 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 or patients with an address.

SIGNATURE: