SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1986.

AMOUNT DUE ON OR BEFORE 8/7/86: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RENETATE: \$375. **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION, E1650 Sandra B. Mortham ANNUAL REPORT Secretary of State 96 DEC -2 PM 3: 01 DIVISION OF CORPORATIONS 1996 DOCUMENT #
1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA (1) ANDRES SHOE CORPORATION Principal Place of Business Mailing Address 1403 WEST FLAGLER STREET 1403 WEST FLAGLER STREET MAN FL 33135 MAME FL 33135 3. Date Incorporated or Qualified Se.: Date of Last Report 10/19/1977 04/27/1995 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For: 59-1780197 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 Nev Be 6. Election Campaign Financing: 23 Trust Fund Contribution Zip Country Ζin Country 8. This corporation has liability for Intangible tax under s.,199.032. Yes 🔟 No 29 24 25 30 Florida Statutes 9. Name and Address of Current Registered Agent Name RODRIGUEZ, ANDRES 1207 W. FLAGLER ST., APT. #26 MAM FL 33135 84 . City Mianu 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 OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 3283 TITLE X DELETE 1.1 TITLE Change Addition PSD NAME RODRIGUEZ, ANDRES 12 KWE STREET ADDRESS 1207 W. FLAGLER ST #26 1.3 STREET ADDRESS MAMIR. CITY+ST-ZIP 1.4 City+ST-ZIP DELETE TITLE 2.1 TITLE Change : Addition PS A . NAME 2.2 NAME A DOLLO STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4CITY-ST-72P TITLE 3.1 TITLE NAME. 3.2 HAVE STREE ADDRESS 3.3 STREET ADDRESS CITY ST-ZIP 3.4. CITY - ST-ZIP DELETE TITE 417mF 500002020225—--12/04/96-01120-023 NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS ****375.00 CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Change : Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADORESS** 5.4 City-ST-ZIP CITY-ST-ZIP DELETE TITLE 6.1 TITLE 82 NME NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZP CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida 8 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 made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida 8 that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: X