

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -7 AM 11:37

DOCUMENT # 589690 (7)
1. Corporation Name
SHOE BANK, INC.

Principal Place of Business Mailing Address
8811 SW 132 ST **8811 SW 132 ST**
MIAMI FL 33178 **MIAMI L 33178**
US **US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
10/11/1978 **01/28/1994**

4. FEI Number Applied For
59-2105353 Not Applicable

| | | | |
|----|-----------------------|----|-----------------------|
| 21 | 2a. Mailing Address | 26 | 2b. Mailing Address |
| | 8845 SW 132 ST | | 8845 SW 132 ST |
| 22 | City & State | 27 | City & State |
| | MIAMI, FLORIDA | | MIAMI, FLORIDA |
| 24 | Zip | 29 | Zip |
| | 33176 | | 33176 |
| 25 | Country | 30 | Country |
| | USA | | USA |

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

| | | | | | | | |
|--|--|--|-----------|--|--|----|----------|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| HANNA, BARRY 8811 SW 132 ST MIAMI, FL 33178 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number Is Not Acceptable) | | |
| | | | | 8845 SW 132 STREET | | | |
| | | | | 84 | City | 85 | Zip Code |
| MIAMI | | | FL | 33176 | | | |

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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------|---|--|
| TITLE | VS | 1.1 TITLE | VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HANNA, SONIA | 1.2 NAME | SONIA HANNA |
| STREET ADDRESS | 8811 SW 132 ST | 1.3 STREET ADDRESS | 8845 SW 132 ST |
| CITY - ST - ZIP | MIAMI FL | 1.4 CITY - ST - ZIP | MIAMI, FL 33176 |
| TITLE | VT | 2.1 TITLE | YT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HANNA, GINA | 2.2 NAME | GINA HANNA |
| STREET ADDRESS | 8811 SW 132 ST | 2.3 STREET ADDRESS | 8845 SW 132 ST |
| CITY - ST - ZIP | MIAMI, FL 00000 | 2.4 CITY - ST - ZIP | MIAMI, FL 33176 |
| TITLE | PD | 3.1 TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HANNA, BARRY | 3.2 NAME | BARRY HANNA |
| STREET ADDRESS | 8811 SW 132 ST | 3.3 STREET ADDRESS | 8845 SW 132 ST |
| CITY - ST - ZIP | MIAMI, FL 00000 | 3.4 CITY - ST - ZIP | MIAMI, FL 33176 |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 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 110.07(3)(k), 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 liquidator empowered to furnish 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.

SIGNATURE: [Signature]
SIGNATURE AND FULL PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ (Date) _____ (Signature) _____