

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

MAR 13 1996
CH/8506 \$200=

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



Principal Place of Business Mailing Address
8845 SW 132 ST MIAMI FL 33176 US
8845 SW 132 ST MIAMI FL 33176 US

3. Date Incorporated or Qualified 10/11/1978
3a. Date of Last Report 04/07/1995

2. Principal Place of Business 2a. Mailing Address
21 14951 S. DIXIE HWAY 26 14951 S. DIXIE HWAY.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
27
City & State City & State
23 MIAMI, FLORIDA 28 MIAMI, FLORIDA
Zip Country Zip Country
24 33176 25 USA. 29 33176 30 USA.

4. FEI Number 59-2105353 Applied For Not Applicable
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
8845 SW 132 ST
MIAMI FL 33176

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VS <input type="checkbox"/> DELETE	1. 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNA, SONIA	12 NAME	
STREET ADDRESS	8845 SW 132 ST	13 STREET ADDRESS	14951 S. DIXIE HIGHWAY
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI, FLORIDA 33176.
TITLE	VT <input type="checkbox"/> DELETE	2. 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNA, GINA	22 NAME	
STREET ADDRESS	8845 SW 132 ST	23 STREET ADDRESS	14951 S. DIXIE HIGHWAY
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	MIAMI, FLORIDA 33176.
TITLE	PD <input type="checkbox"/> DELETE	3. 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNA, BARRY	32 NAME	
STREET ADDRESS	8845 SW 132 ST	33 STREET ADDRESS	14951 S. DIXIE HIGHWAY
CITY-ST-ZIP	MIAMI, FL 00000	34 CITY-ST-ZIP	MIAMI, FLORIDA 33176.
TITLE	<input type="checkbox"/> DELETE	4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	300001793328
STREET ADDRESS		53 STREET ADDRESS	-04/24/96--01089--005
CITY-ST-ZIP		54 CITY-ST-ZIP	***200.00
TITLE	<input type="checkbox"/> DELETE	6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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 checked, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96 305-252-7463
DATE DAYTIME PHONE #

CR2E034 (12/95)