## 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** 

1	MENT# 642600 DUR FOOTWEAR CORP.	6 (8)				
Principal Plac	e of Business	Mailing Address	****			. PIUM UIOM AJAN OIDIT BIUTA BIBIT (PD)
101 N.E. 23TH ST MIAMI FL 33137		P.O. NPX 370984 MIAMI FL 33137				N. T. 10. OD A O.
US		U\$			DO NOT WRITE	IN THIS SPACE
					3. Date Incorporated or Qualified	
9 Principal P	lace of Business	2s. Mailing Address			10/23/1979 4. FEI Number	A setion Pro-
	idos di Business	26	,			Applied For Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			59-1944421	\$0.75 Additional
22	, 211	27			5. Certificate of Status Desired	Fee Required
City & Stat	0	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Ζιρ	Country	Zip	Cou	intry	8. This corporation owes or has paid	d the current year Intangible
24	25	29	30		Personal Property Tax due June 3	
	g. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg	ilstered Agent
AG	iusti, wilfredo			81 Name		
101 NE 23RD ST				<b>82</b> Street Ac	idress (P.O. Box Number is Not Acceptable	e)
MIAMI FL 33137						
1				83		
				84 City		<b>85</b> Zip Code
			,		orporation submits this statement for the pu	FL 3
office or r agent. I a SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the oblig signature, typed or pointed name of registered age	e of Florida. Such change wa ations of, Section 607.0505,	s authorizer Florida Stat	d by the corpor lutes.	ration's board of directors. I hereby accept	the appointment as registered
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	
TITLE	PTD	☐ DELETE	1.1 1	ILE		Change Addition
NAME	AGUSTI, WILFREDO		1.2 NA	AME		
STREET ADDRESS	101 NE 23RD ST		1.3 ST	REET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1,4 CI	1Y-S1- <i>Z</i> IP		
TITLE	\$	☐ DELETE	2.1 71	1LF		Charige Addition
NAME	AGUSTI, MARIA C		2.2 NA	AME		
STREET ADDRESS	101 NE 23RD ST		2.3 ST	REET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 C	ITY - ST - ZIP		
TITLE		☐ DELETE	3111	ITE		☐ Change ☐ Addition
NAME			3.2 N/	LME		
STREET ADDRESS			3.3 \$1	REET ADDRESS		
CITY-ST-ZIP			3.4. CI	ITY - ST - ZIP		
TITLE		☐ DELET <b>e</b>	4.1 111	1/£		Change Addition
NAME			4. 2 N	AME .		
STREET ADDRESS			4.3 ST	REET ADDRESS		
CITY-ST-ZIP				TY-ST-ZIP		
TITLE		☐ DELETE	5 1 TI			Change Addition
NAME	!		5 2 NA	1		
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP		DELETE		TY - S1 - ZIP		
TITLE		DELETE	6.1 Til	!		Change Addition
NAME			6.2 NA	ME DEET ADDDESS		
CIDECT ADDRESS			■ goor	DELT ADDDECC 1		

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 of 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 attachment with an address.

**FILED** 

Apr 06 1998 8:00am

Secretary of State