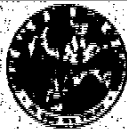


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # F39784 (6)

1. Corporation Name
NOBLE SHOES, INC.

Principal Place of Business
420 U. S. HIGHWAY #1
NORTH PALM BEACH FL 33408

Mailing Address
420 U. S. HIGHWAY #1
NORTH PALM BEACH FL 33408

APPROVED
AND
FILED

95 APR 19 AM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business
21 4200 N. OCEAN DRIVE
Suite, Apt. #, etc.
22 Tower A #1604
City & State
23 Singer Island FL
Zip
24 33404
Country
25 U.S.
26 4200 N. OCEAN DRIVE
Suite, Apt. #, etc.
27 Tower A #1604
City & State
28 Singer Island FL
Zip
29 33404
Country
30 U.S.

3. Date Incorporated or Qualified
06/08/1981
3a. Date of Last Report
04/08/1994
4. FBI Number
59-2108281
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
7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

NOBLE, DOMINGOS
420 U.S. HIGHWAY #1
NORTH PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
4200 N. OCEAN DRIVE
83
Tower A #1604
84 City
Singer Island FL
85 Zip Code
33404

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 reappointing)

DATE

2/17/95

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PDTS
NOBLE, DOMINGOS
4200 N. OCEAN DR. TOWER A #1604
SINGER ISLAND FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
NOBLE, DANIEL
12805 PACKWOOD RD.
JUNO ISLES FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(b), 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 change of information attachment with an address.

SIGNATURE: X [Signature] President 2/17/95 #407-863-3593
Signature, typed or printed name of signing officer or director Date Daytime Phone #