

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Social & Business  
Secretary of State  
DIVISION OF CORPORATIONS

1996

DOCUMENT # **F72340** (5)  
1. Corporation Name  
**THE ARMANI SHOES, CORPORATION**



Principal Officer of Business

% CRISTOBAL INGELMO  
699 N. MIAMI AVENUE  
MIAMI FL 33136

Managing Director

% CRISTOBAL INGELMO  
699 N. MIAMI AVENUE  
MIAMI FL 33136

2. Principal Officer of Business

21 State, Apt., or  
22 City & State  
23 Zip  
24 Country

2a. Managing Director

26 State, Apt., or  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent

INGELMO, CRISTOBAL  
699 N. MIAMI AVENUE  
MIAMI FL 33136

81 Name  
82 Street Address (Not for Nonresident Agent)  
83  
84 City  
FL 85 Zip Code

3. Date of Incorporation or Qualification  
**03/29/1982**

3a. Date of Last Report  
**05/01/1995**

4. FEIN Number  
**59-2190750**

Applied To  
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. The corporation is liable for intangible tax under s. 199.042,  
Florida Statutes.  Yes  No

10. Name and Address of New Registered Agent

SIGNATURE

12. OFFICERS AND DIRECTORS

NAME	PD INGELMO, CRISTOBAL	<input type="checkbox"/> Delete
STREET ADDRESS	699 N. MIAMI AVENUE	
CITY, STATE, ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	INGELMO, ESTHER	
STREET ADDRESS	699 N. MIAMI AVENUE	
CITY, STATE, ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		<input type="checkbox"/> Delete

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add

14. I hereby certify that the information supplied on this report is true and correct and that the corporation is in compliance with the provisions of Sections 199.041-199.044, Florida Statutes. I further certify that the information supplied on this report is true and correct and that my signature shall have the same legal effect as if made in person. This report is effective on the date of filing with the Department of State. If you wish to change any information on this report, you must file a new report with the Department of State. If you wish to change any information on this report, you must file a new report with the Department of State. If you wish to change any information on this report, you must file a new report with the Department of State.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)