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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	-		 			
DOCUN 1. Corporation	MENT # F825	75 (4)					
SHOE	DISTRIBUTORS, INC.						
Principal Place	of Business	Mailing Address			BELENTE BIRNING	H	IL SIBIL DIBICIONI
817 NE 26 HALLANDAL	AVE LE FL 33009	817 NE 26 AVE HALLANDALE FL 3	33009				
				3. Date Incorporated or Qualified 05/19/1982	3a. Date o	of Last Re 2/14/19	•
າ ່	ice of Business	2a. Mailing Address		4. FEI Number			Applied For
Suite, Apt. #	i ata	26 Suite Ant # ste		59-2220228			Not Applicable
Suite, Apt. #	r, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired			Additional Required
City & State		City & State	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing			May Be
		28		Trust Fund Contribution			to Fees
Z ip	Country	Zip	Country	8. This corporation has liability for		under s	199.032,
	9. Name and Address of Curre	29	30	Florida Statutes Yes			
	9, Name and Address of Curr	ent negistered Agent	81 Name	10. Name and Address of New F	registered A	gent	
GHVI U	ווו בפדוובם						
SHALOM, ESTHER 817 NE 26 AVE			82 Street Add	dress (P.O. Box Number is Not Acceptat	ole)		
	NDALE FL 33009		83				
101001	NOMEL 1 E GODOS					, , , , , , , , , , , , , , , , , , ,	
			84 City		FL	85 Zip	Code
 Pursuant to or registere familiar with 	ed agent, or both, in the State of Flo h, and accept the obligations of, Se	uz and 607.1508, Florida Statu urida. Such change was author ction 607.0505, Florida Statute	utes, the above-named corporized by the corporation's books.	oration submits this statement for the pur ard of directors. I hereby accept the app	ointment as re	gistered	agent. I am
GNATURE s	n, and accept the obligations of, Sei Signature, typed or printed name of registered ago	otion 607.0505, Florida Statute and tille if applicable (f	es. NOTE: Flegisterart Agent's gradure requi	ned when han stabing	DATE		
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SIGNATURE: _

SIGNATURE AND TYPED OF AGINTED NAME OF SIGNING OFFICER OF DIRECTOR

3/11/96 305-477-6230