FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

THE

NAMI

STREET ADORESS

appears in Block 12 or Block 13



FLORIDA DEPARTMENT OF STATE

FILED

Mar 26 1997 8:00am

Secretary of State

Change

Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600002051 (8)

CAPORICCI FOOTWEAR, LTD CORP.

Principal Place of Business Mailing Address SORE RISCAYNE RIVO 5084 BISCAYNE BLVD MIAMI FL 33137-3218 MIAMI FL 33137 3. Date Incorporated or Qualified 3a. Date of Last Report 04/24/1996 2a. Mailing Address 2. Principal Place of Business 4, FEI Number Applied For 54-1662847 Not Applicable 21 26 Sure Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Country Country This corporation has liability for intangible tax under s. 199.032, 🙀 Yes 🔲 No Florida Statutes 25 30 24 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CAPORICCI, DOMENICO **5084 BISCAYNE BLVD** 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33137** 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0562 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or rug stered agent for 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 fair for with, and accept the obtigations of, Section 607.0505, Florida Statutes. SIGNATURE Signation, type of or printed name of regions at agent and the if applicable (NOT): Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. 13. DC DELETE Change ___ Addition 1.1 TITLE THEF CAPORICCI, DOMENICO 12 NAME NAME 2E034 780 NE 69TH ST #1708 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33138** 1.4 City-St-ZiP 0:17:51:76 DELETE 2.1 TITLE ☐ Change Addition TITLE CAPORICCI, PAOLO PIETRO 2.2 NAME NAME 780 NE 69TH ST #1708 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33138 2. 4 CHY-ST-ZIP CHY-\$1, 76 DELETE Addition Change THUE 3.1 TITLE CAPORICCI, FRANCO NAV: 3.2 NAME 4600 RENE EMARD #310 3.3 STREET ADDRESS STREET ADDRESS VILLE DE PEIRREFONDS, QC CAN H9A -3A7 3.4 CITY-ST-ZIP CH (-\$1-7)P DELETE Addition Change $\mathrm{HI}(\mathsf{F}$ 4.1 TITLE CAPORICCI, GIANCARLO NAME 4. 2 NAME 287 KIRKLAND BLVD 4.3 STREET ADORESS STREET ADDRESS KIRKLAND, QC, CANADA H9J 1P6 CITY - ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change THUE 5 1 TITLE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 54 CITY-ST-ZIP CITY-SI-7-9

SIGNATURE: SIGNATURE AND 1 YEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CAPOTICOSCO 3. 20.97 (305)76

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

64 CITY-S1-2IP

14. I do hereby 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 industried on this annual report of 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 true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

DELETE