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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 31 1997 8:00am

## Sandra B. Mortham

Secretary of State

•	1997	DIVISION OF CORPORATIONS				Secretary of State				
DOCUMENT # G72874 (2) 1. Corporation Name LUV THOSE SHOES, INC.										
Principal Place of Business         Mailing Address           5751 SW 137TH AVENUE         5751 SW 137TH AVEI           MIAMI FL 33183-8105         MIAMI FL 33183-1103							T INDITIAL BERN LOGAN STORM STORM STORM GERN GRAPT BYOM BYOM BYOM (BD)			
							Date Incorporated or Qualified     12/08/1983		Date of Last R 05/01/1996	æport
2. Principal Pla	ace of Business	2a. N	Mailing Address			<del></del>	4. FEI Number	<del>- 1</del>	. +	oplied For
Suite, Apt 1	# pte	26	Suite, Apt. #, etc.			<u> </u>	59-2349351		\$8.75 /	ot Applicable
22	r, etc.	27	ione, Apr. #, etc.				5. Certificate of Status Desired		Fee Re	
City & State	}		City & State		*********		Election Campaign Financing     Trust Fund Contribution		\$5.00 Added	
Zφ	Countr	ry Z	<sup>7</sup> ip	Co	untry	,	8. This corporation has liability fo	r intangi	ible tax under s	199.032,
24	25	29  ess of Current Registe		30	<del></del>		Fiorida Statutes  10. Name and Address of New F		□ No	
LI IL	IN, EDUARDO R.	ess of Current Hegiste	reo Agent		81	Name	10. Name and Address of New F	eğister	ea Agent	
	I SW 137TH AVE						(D.C. C., M			
	WI FL 33183				82	Street Add	lress (P.O. Box Number is Not Accepta	ibiei		
					83					
					84	City		E	85 Zip (	Code
11. Pursuant I	to the provisions of Sec	tions 607.0502 and 607	.1508, Florida Stat	ules, the a	bove	e-named cor	poration submits this statement for the			ts registered
office or re agent. Lar	og-stered agent, or bot m familiar with, and acc	h, in the State of Florida cept the obligations of, $\S$	Such change was Section 607.0505, I	s authorize Florida Sta	ed by	the corpora s.	poration submits this statement for the ation's board of directors. I hereby acc	apt the a	appointment as	registered
SIGNATURE ,										
12.		in of registrated agent and tille if a DEFICERS AND DIRECT		13.		ent aignature requ	ired when reinstating) ADDITIONS/CHANGES TO OFF	DAT		RS IN 12
TITLE	PSD	**************************************	DELETE	1.1 ]					Change	Addition
NAME	HUHN, EDUARDO			1.2 1	SMAN					
STREET ADDRESS	5751 SW 13TH AV	/E				ADDRESS				
CITY - ST - ZIP	MIAMI FL		☐ DELETE	1.4 ( 2.1 T	OTY-S	T-ZIP			Change	Addition
THLE NAMÉ			C) percit		IAME				La change	Mullion
STREET ADDRESS						ADDRESS				
CITY-S1-ZIP				2.4	CITY-!	ST-ZIP	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
TITLE	71.		DELETE	3.17	ITLE				Change	Addition
NAME				3.2 1	IAME					
STREET ADDRESS				l		ADDRESS	•			
CITY - \$1 - ZIF			DELETE		CITY-S	ST-ZIP			Change	Addition
NAME					NAME				<u></u>	
STREET ADDRESS						ADDRESS				
CITY-S1-7iP				4.4 (	CITY-S	ST-ZIP				
TITLE			☐ DELETE	511	Į <b>T</b> LE				Change	☐ <b>Ad</b> dition
NAME				1	IAME					
STREET ADORESS						ADDRESS				
CHY-ST-ZIP TITLE			DELETE	613		ST-ZIP			☐ Change	Addition
NAME				1	NAME				*	ee re
STREET ADDRESS			1 ^	6.3	STREET	ADDRESS				
CITY-ST-ZIP			111-17	6.41	CITY - S	ST-ZIP	1.4			<del></del>
14. I do hereb information I am an of	by certify that the Informing indicated on this and this and this are the control of the control	nation supplied with the ual report or supplement corporation for the recei	tilitig tides notiqua tallannual report is ter bil tiustee emod	alky for the s trive and oweled to	exec exec	emption state urate and that oute this repo	d in Section 119.07(3)(i), Florida Statu at my signature shall have the same le ort as required by Chapter 607, Florida	tes. I fur gal effec Statute	rtner certify that at as if made un as; and that my i	. tne ider oath; that name