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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

| Corporation | MENT # H16081 NAME OE CORP. | | | | | |
|---|-----------------------------------|---------------------|--------------|-------------|--|----------|
| Principal Place | of Business | Mailing Address | | | 4 100 libit and train mitte anter laint tiet annit alatt atatt atatt atatt in | " |
| SAM & ROSE STRIDERITE C/O STRIDE RITE SHOE | | | | | | |
| 1645 W. 49 ST. 1645 W. 49 ST. | | | | | | |
| HIALEAH FL 33012 HIALEAH FL 33012 | | | | | DO NOT WRITE IN THIS SPACE | _ |
| US | | US | | | 3. Date Incorporated or Qualifed 08/10/1984 | |
| Principal Place of Business 2a. Mailing Additional Additi | | | _ | | 4: FEI Number Applied For | ₽. |
| | | 26 | | | 59-2438396 Not Applicab | ie |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | |
| 22 | | 27 | | | | \dashv |
| City & State | е | City & State | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | |
| 23 | 28 | | | | | - |
| Zip | Country | Zip | Country | | 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No | |
| 24 | 9. Name and Address of Current | | 10 | | 10. Name and Address of New Registered Agent | |
| | 9. Name and Address of Current | Kegisteled Agent | 81 | Name | 10. Halife dila Mando di Noti Kogistore Mando | \neg |
| SUPI | raski, louis a. | | L | | | _ |
| 799 BRICKELL PLAZA | | | 82 | Street Addr | ress (P.O. Box Number is Not Acceptable) | ļ |
| SUIT | E 800 | | 83 | l. <u>.</u> | | 一 |
| MIAMI FL 33131 | | | | | | |
| | | | 84 | City | FL 85 Zip Code | |
| 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 Standaure, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | \neg |
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addi | |
| NAME | GILFARB, SAMUEL | | 1.2 NAME | | | |
| STREET ADDRESS | 10275 S.W. 93 TERR. | | 1.3 STREET | T ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | • | 1.4 CITY-S | | | |
| TITLE | SD | DELETE | 2.1 TITLE | | ☐ Change ☐ Addi | üon |
| NAME | GILFARB, ROSE | _ | 2.2 NAME | | | ĺ |
| STREET ADDRESS | 10275 S.W. 93 TERR. | | 2.3 STREET | ADDRESS | ر الرائد المصني معم من بيد و | |
| CITY-ST-ZIP | MIAMI FL | | 2. 4 CITY-S | Ì | • | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addit | ion |
| NAME | | | 3.2 NAME | | | |
| STREET ADDRESS. | | • | 3.3 STREET | TADDRESS | | 1 |
| CITY-ST-ZIP | | | 3.4. CITY- S | | | - (|
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addi | tion |
| NAME | | | 4, 2 NAME | | | į |
| STREET ADDRESS | | | 4.3 STREET | TADDRESS | , | |
| CITY-ST-ZIP | | | 4.4 CITY-S | | | |
| TITLE | | | 5.1 TITLE | | ☐ Change ☐ Addi | tion |
| NAME | | _ | 5.2 NAME | | | ļ |
| STREET ADDRESS | | | 5.3 STREET | T ADDRESS | | Ì |
| [| | | 5.4 CITY-S | T-ZIP | | |
| CITY-ST-ZIP TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addi | tion |
| NAME | | _ | 6.2 NAME | | | |
| NAME PERSONNESS | | | 1 | TADORESS | | - { |

14. I 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 indicated on this annual report or suppliemental 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 of 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 changed, or p an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS