Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90229 050 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H45006**

1, Corporation Name

EXITO SHOES, INC.

···						eq ual ur al u b all e loki	. QUQUU QUQUU BIRBIN QU	o li a l e i fool	
Principal Place	of Business	Mailing Address	;						
2106 NW 21ST ST 2106 NW 21ST					Ì				
MIAMI FL 33142 US	ł	MIAMI FL 33142 US	MIAMI FL 33142			DO NOT WRITE IN THIS SPACE			
00		00			3. Date Incorporated or Qu	alifed			
					02/28/1985				
2. Principal Pl	ace of Business	2a. Mailing Add	ess		4. FEI Number		App	lied For	
21		26			59-25013 <u>60</u>		Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #	, etc.		5. Certifcate of Status Des	ired 🗆	\$8.75 A		
22		27		_	5. Certificate of Citatus Dos		Fee Rec	quired	
City & State	8	City & State			6. Election Campaign Fina	ncing	\$5.00	, ,	
23		28	<u> </u>	Trust Fund Contribution	Trust Fund Contribution Added to Fees				
Zip	Country	Zip		untry	8. This corporation owes the	ie current year li			
24	25	29	30	1	Personal Property Tax.	Now Posistors		□No	
	9. Name and Address of Cur	rent Registered Agent		81 Name	10. Name and Address of	New Kegistere	a Agent		
HEN	AO, GUSTAVO			H	ENAO, GUSPAVO				
	O SW 19 DRIVE		82 Street Add		Address (P.O. Box Number is Not A				
MIRAMAR FL 33027				83	190 SW 164 AV				
,,,,,					<u></u>				
				84 City	RAMAR	F	85 Zip C	028	
44	to the annuising of Continue 607 (2502 and 607 1509 Flor	ido Statutos the	-bouc name	d corneration submits this statement	for the numase o	of changing its	registered	
office or r	egistered agend or both in the Sta	ate of Florida. Such char	ige was authorize	d by the cor	poration's board of directors. I hereby	accept the app	ointment as reg	jistered	
agent. I a	m familiar with, and accept the ob	rgations of, Section 607.	0505, Florida Sta	tutes.	10			1	
SIGNATURE	Signature, typed or printed name of registered	wood and fills if applicable	GUSTAVO	HEVA:	O PRESIDENT e required when reinstating)	DATE			
12.		AND DIRECTORS	13		ADDITIONS/CHANGES	O OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	DP			TILE	DP		Change	Addition	
NAME	HENAO, GUSTAVO		1.21	IAME	HENAD, GUSTAVO.			1	
STREET ADDRESS	9725 NW 52 ST #105		1.3 \$	STREET ADDRES	s 2390 5 W 164 AVE				
CITY-ST-ZIP	MIAMI FL 33178		1.4 (CITY-ST-ZIP	MIRAMAR, FL 830	2 <u>8</u>			
TITLE	VO		ELETE 2.11	TILE	VP		Change	☐ Addition	
NAME	HENAO, TERESA		2.21	NAME	HENAD. TERESA			ĺ	
STREET ADDRESS	9725 NW 52 ST #105		2.3 \$	STREET ADDRES		*			
C/TY-ST-ZIP	MIAMI FL 33178		2.4	CITY-ST-ZIP	MIRANAZ, Fr 330	28			
TITLE			DELETE 3.1	TITLE			☐ Change	Addition }	
NAME			3.21	NAME				ĺ	
STREET ADDRESS			3.3 9	STREET ADDRES	s			İ	
CITY-ST-ZIP	<u> </u>	* * * *	₹ 3.4.	CITY-ST-ZIP	• • • •	<u> </u>			
TITLE			DELETE 4.1	TITLE			☐ Change	Addition	
NAME			4.2	NAME					
STREET ADDRESS			4.3 9	STREET ADDRES	es			}	
CITY-ST-ZIP		<u> </u>	4.4 (CITY-ST-ZIP					
TITLE				TTLE			Change	Addition	
NAME			a l	NAME				Į	
STREET ADDRESS			5.3	STREET ADDRES	ss)	
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE				TITLE			Change	Addition	
NAME	to the Control of			NAME	1.			1	
CTDCCT +DDGCCC	•		6.3	STREET ADDRES	ss l				

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 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 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, own an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #