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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H79434

1. Corporation Name

TOWN & COUNTRY SHOES & CASUALS, INC.



Principal Place of Business

TOWN & COUNTRY MALL
8505 MILLS DR., #C47
MIAMI FL 33183

Mailing Address

TOWN & COUNTRY MALL
8505 MILLS DR., #C47
MIAMI FL 33183

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip

Country

24

g. Name and Address of Current Registered Agent

ANDREU, ROSA A
8505 MILLS DR., STE. D-53
MIAMI FL 33155

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip

Country

29

30

3. Date Incorporated or Qualified

10/01/1985

4. FEI Number

59-2675883

Applied For

No Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

DRST
ANDREU, ROSA A.
4350 SW 81ST ST
MIAMI FL

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☐ Change ☒ Addition
1.2 NAME **Jorge SANZ**
1.3 STREET ADDRESS **241 SW 30th Ct.**
1.4 CITY-ST-ZIP **Miami, FL 33135**

2.1 TITLE **V. President/Secretary** ☐ Change ☒ Addition
2.2 NAME **Rosa Andreu**
2.3 STREET ADDRESS **4350 SW 61st Ave.**
2.4 CITY-ST-ZIP **Miami, FL 33155**

3.1 TITLE **V. President** ☐ Change ☒ Addition
3.2 NAME **Alfred Chisholm**
3.3 STREET ADDRESS **1200 MANATI AVE.**
3.4 CITY-ST-ZIP **D. Gables, FL 33146**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 or 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 on an attachment with an address, with a holder like empowered.

SIGNATURE:

Rosa Andreu **Rosa Andreu**

4/26/99

305-279-1336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)