FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 21 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H97701** **(7)**

1. Corporation Name

R. L. FOOTWEAR, INC.

Principal Place of Business	Mailing Address
2301 NO. MIAMI AVE (33127) P.O. BOX 650222 MIAMI FL 33265-7222	2301 NO. MIAMI AVE (33127) P.O. BOX 650222 MIAMI FL 33265-7222

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/03/1986
3a. Date of Last Report: 02/11/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip / Country — 29 / 30

4. FEI Number: 59-2635862 ☐ Applied For ☐ Not 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 has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

LORIE, RODOLFO R.
10300 S.W. 24 ST.
C-14
MIAMI FL 33165-4904

10. Name and Address of New Registered Agent

61 Name: MARIO CHYZYK
62 Street Address (P.O. Box Number is Not Acceptable): 3426 PRAIRIE AVE.
63
64 City: MIAMI BEACH FL 65 Zip Code: 33127

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] (Signature, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☑ Change ☐ Addition
NAME	LORIE, RODOLFO R.	1.2 NAME	DELETE	
STREET ADDRESS	10300 S.W. 24 ST. #C-14	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE	President	☐ Change ☑ Addition
NAME	CHYZYK, MARIO	2.2 NAME		
STREET ADDRESS	3426 PRAIRIE AVE.	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH. FL	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	CHYZYK, POLA	3.2 NAME		
STREET ADDRESS	3426 PRAIRIE AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH. FL	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	LORIE, MARIA T.	4.2 NAME	DELETE	
STREET ADDRESS	10300 SW 24 ST. #C14	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] 4/1/95 (305) 573-7010
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
MARIO CHYZYK

0800771 CF