COF	E NOW: FILING FEE PROFIT RPORATION JAL REPORT	FLORIDA DEF	IS \$225.00 PARIMENT OF STATE a B Mortham		
1996		• • • • • • • • • • • • • • • • • • • •	etary of State F CORPORATIONS		
DOCU 1. Corporation	MENT # J3049				
· ·	SHOE CORPORATION, IN	` '			
Loion	ONCE COM CHANCIN, IN	0.		I NATUKA DIAF KUKA BAKA AUBA KEK	i liði ðiðið þjóli álði. Þlóli biði diði áldi þedi
Principal Place	of Business	Mailing Address			
11965 SW 26TH ST. C-30 MIAMI FL 33175		11865 SW 26TH ST. C-30 MIAMI FL 33175			
				 Date Incorporated or Qualified 08/26/1986 	3a. Date of Last Report
· ·	ace of Business	2a. Mailing Address		4. FEI Number	05/01/1995 Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		59-2730213	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	<i>Ζ</i> φ	Country 30	8. This corporation has liability for i	ntangible tax under s. 199.032,
	9. Name and Address of Curren	nt Registered Agent		Florida Statutes Yes 10. Name and Address of New R	
41.1405	7		81 Name		
ALVAREZ, EDUARDO 11939 SW 75TH ST.			82 Street Add	iress (P.O. Box Number is Not Acceptab	e)
	L 33183		83		
			84 City	7.45.47	85 Zip Code
11. Pursuant to	o the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the above named corpo	ration submits this statement for the pur	pose of changing its registered office
familiar wit	h, and accept the obligations of, Secti	da. Such change was authoriz ion 607.0505, Florida Statutes	ed by the corporation's boa s.	ration submits this statement for the purp and of directors. I hereby accept the appo	intment as registered agent. I am
	Signature, type 5 or printed name of registered popula		DTE Brighstared Agent signature require	of when rengialings	DATE
12. TITLE	OFFICERS AND	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
NAME	ALVAREZ, EDUARDO		1 1 TIILE 12 NAME		Change Addition
STREET ADDRESS	11939 SW 75TH ST.		13 STREET ADDRESS		034
CITY - ST - ZIP	MIAMI FL 33183		1.4 CITY - ST - ZIP		I N
TITLE NAME	V ALMADES IGADEL	☐ DELETE	2 1 TITLE		Change Addition
STREET ADDRESS	ALVAREZ, ISABEL 11939 SW 75TH ST.		2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33183		24 City-St-ZIP		
TITLE		DELETE	3 1 TITLE		Change Addition
NAME STREET ADDRESS			3.2 NAME		
CITY-ST-ZIP			3.3 STREET ADDRESS		
TITLE		☐ DELETE	3 4 CITY - ST - ZIP 4. 1 TIT; F		Change Addition
NAME			4.2 NAME		Change Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		Docum	4 4 CHY - ST - 7IF		
NAME		☐ DELETE	5 1 111LE 5 2 NAME		Charige Addition
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY - ST-ZIP			54 CITY - SF - ZIP		
TITLE		☐ DELETE	6 1 TITLE	****	☐ Change ☐ Addition
NAME STOLET ADDRESS			6.2 NAME		
STREET ADDRESS CITY-ST-ZIP			6 3 STREET ADDRESS		
	cortify that the information a mailed		6 4 CITY - S1 - ZIP		į

14. Ido 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)(k). 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPEO'OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR