

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

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90105 018 \*\*\*150.00

DOCUMENT # J49444

1. Corporation Name  
DELTA SHOE GROUP, INC.

Principal Place of Business

501 SW 37 AVE  
MIAMI FL 33135  
US

Mailing Address

501 SW 37 AVE  
MIAMI FL 33135  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1986

4. FEI Number

59-2746645

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 7141 No. Waterway Dr.

Suite, Apt. #, etc.

22 City & State

23 Miami, FL

24 Zip Country

25 33155 US

2a. Mailing Address

26 7141 No. Waterway Dr.

Suite, Apt. #, etc.

27 City & State

28 Miami, FL

29 Zip Country

30 33155 US

9. Name and Address of Current Registered Agent

DE LA TORRE, HOMERO  
501 SW 37 AVE  
MIAMI FL

10. Name and Address of New Registered Agent

81 Name

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

83 7141 No. Waterway Drive

84 City Miami, FL

FL

85 Zip Code 33155

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 *Ann Gomez Palomino*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE 8P ☐ DELETE

NAME DE LA TORRE, HOMERO R.  
STREET ADDRESS 501 SW 37 AVE  
CITY-ST-ZIP MIAMI FL

TITLE ST ☐ DELETE

NAME PALOMINO, ANN GOMEZ  
STREET ADDRESS 501 SW 37 AVE  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 7141 No. Waterway Drive  
1.4 CITY-ST-ZIP Miami, FL 33155

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 7141 No. Waterway Drive  
2.4 CITY-ST-ZIP Miami, FL 33155

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

*Ann Gomez Palomino*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)