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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K13162

(8)

EXPRESS SHOE CORP.

Principal Place of Business Mailing Address						-	OFBIL SIDE DIEN BID		#####
13707 S.W. 101 TERRACE		13707 S.W. 101 TERRAC	13707 S.W. 101 TERRACE						
MIAMI FL 33186		MIAMI FL 33186				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
						01/25/1988			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		TApp	olied For
21		26				65-0052206	-	-+	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					□ \$8.	75 A	dditional
22		27	27			5. Certificate of Status Desired		ee Red	ulred
City & State		City & State	City & State			6. Election Campaign Financing		.00	May Be
23		28				Trust Fund Contribution	☐ Ac	ided to	Fees
Zip	 1		Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
24	25	29	30			Personal Property Tax due June 3 10. Name and Address of New Reg			No
	9. Name and Address of Curre	nt Hegistered Agent		81	Name	10. Name and Address of New Reg	listered Agent		
	ITAR, MUNAIR			-					
	07 S.W. 101 TERRACE		82		Street Address	ss (P.O. Box Number is Not Acceptable	e)		
MIA	MI FL 33182		-	83					
				83					
			ľ	84	City		FL 85	Zip C	ode
44 District	a the manifelant of Partians 607 051	03 and 607 1609 Florida Ctalu	too the et		nomed corne	oration submits this statement for the pu	, ,	ina ite	registered
office or re	o the provisions of Sections 607.056 ogistered agent, or both, in the State	o of Florida. Such change was	authorized	pove-	named corporatio	on's board of directors. I hereby accept	t the appointme	nt as r	egistered
agent. I ar	m famili ar with, an d a ccept the oblig	jations of, Section 607.0505, FI	lorida Stati	utes.					
SIGNATURE	Signature, typed or printed name of registered ag	und and title if earthe alide (NO	IF: Bazisteren	Agen	t signature required	n urban reinstation)	DATE		
12.		ND DIRECTORS	13.	- Agon	t signature requires	ADDITIONS/CHANGES TO OFFICE		CTORS	3 IN 12
TITLE	P	DELETE	1.1 7(7	LE			☐ Ch	ange	Addition
NAME	MATTAR, MUNAIR D		1.2 NA	ME					
STREET ADDRESS	13707 S.W. 101 TERRACE		1.3 STRE		ADDRESS				
CITY-ST-ZIP	MIAMI FL 33186		1.4 CI		- ZIP				
TITLE	ST			2.1 TITLE			Ch	ange	Addition
NAME	ZIADIE, SALEEM		2.2 NAME						
STREET ADDRESS	12814 S.W. 112 TERRACE		2.3 STREET		DORESS				
CITY-ST-ZIP	MIAMI FL 33186		2. 4 CIT		r-ZIP				
TITLE		DELETE	3.1 TIT				- Ch	ange	Addition
NAME			3.2 NA	ME					
STREET ADDRESS			3.3 ST	REET A	ADDRESS				
CITY-ST-ZIP			3.4. C)	TY-ST	-ZIP				
TITLE		DELETE	4.1 TIT	LE			Ch	ange	Addition
NAME			4. 2 N/	AME					
STREET ADDRESS			4.3 ST	REFT A	ODRESS				
CITY-ST-ZIP			4.4 CD	Y-ST	-ZIP				
TITLE		☐ DELETE	5.1 TIT	LE			Ch	ange	☐ Addition
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 ST	reet a	ADDRESS				i
CITY-ST-ZIP			5.4 CII	Y-ST	- ZIP				
TITLE		DELETE	6.1 T)T	LE			☐ Ch	ange	☐ Addition
NAME			6.2 NA	ME					
STREET ADDRESS			63 ST	REET A	DDRESS				
CITY-ST-ZIP			64 CI	Y-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.

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FILED

Jan 29 1998 8:00am

Secretary of State

R2F034 (10/07)