

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sarah B. McManam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **L28209** (9)
To: Corporation Name
ETI SHOES, INC.

05 MAY -1 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office (Mailing Address) Mailing Address
% NISSIM SABAG **% NISSIM SABAG**
77 MIRACLE MILE **77 MIRACLE MILE**
CORAL GABLES FL 33134 **CORAL GABLES FL 33134**

USE ONLY WHITE PAPER SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
11/06/1989 **04/29/1994**

2. Principal Office (Mailing Address) 2a. Mailing Address
21 **2255 NW 20TH ST** 26 **2255 NW 20TH ST**
State: App. # of State: App. # of

4. FEI Number Applied For
59-2975759 Not Applicable

22 **Miami FL** 27 **Miami FL**
City & State City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 **33124** 25 **USA** 29 **33124** 30 **USA**
Zip Code Country Zip Code Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
SABAG, NISSIM
77 MIRACLE MILE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name **SABAG NISSIM**
82 Street Address (if U.S. Number is Not Applicable) **2255 NW 20TH ST**
83 **Miami**
84 City **FL** 85 Zip Code **33134**

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above information is true and correct to the best of my knowledge and belief, and I am duly qualified to execute this report as required by law.

SIGNATURE: *[Signature]* 4-25-95

12. OFFICERS AND DIRECTORS

NAME	DPST	ADDRESS
SABAG, NISSIM		77 MIRACLE MILE
		CORAL GABLES FL

13. ADDED OR CHANGED OFFICERS AND DIRECTORS

NAME	DPST	ADDRESS
SABAG, NISSIM		77 MIRACLE MILE
		CORAL GABLES FL

14. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above information is true and correct to the best of my knowledge and belief, and I am duly qualified to execute this report as required by law.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-95 505-634-2451