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 MAY -1 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L54624** **(6)**

1. Corporate Name
SHOE CORNER, INC.

Principal Place of Business:
201 N MIAMI AVE
MIAMI FL 33128

Mailing Address:
C/O ~~LEON EGOZI P.A.~~ HOFFMAN, DANVERS & EGOZI, P.A.
~~2999 NE 191 ST., STE. 809~~
~~N. MIAMI BCH. FL 33180~~
US

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: 03/05/1990
3a. Date of Last Report: 07/22/1994

2. Principal Place of Business
21
Suite Apt. #
22
City & State
23
24 25

2a. Mailing Address
26 1101 Brickell Ave
Suite Apt. #
27 Suite 1402
City & State
28 Miami, FL
29 33131 30

4. FEI Number: 65-0185643
Applied For
Not Applicable

5. Certificate of Status Desired: ☐ $8.75 Additional Fee Required

6. Electronic Document Transmission Acknowledgment: ☐ $5.00 May Be Added to Fees

8. This corporation has elected to be governed by Section 607.0831 Florida Statutes: X Yes ☐ No

9. Name and Address of Current Registered Agent

EGOZI, LEON
2999 NE 191 ST
STE. 809
N. MIAMI BCH. FL 33180

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is not acceptable): 1101 Brickell Ave
83 #1402
84 City: Miami FL 85 Zip Code: 33131

11. Pursuant to Registration of Registered Agents, Section 607.0505 Florida Statutes, the undersigned corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida and hereby agrees to comply with the provisions of said section so long as it shall continue to operate in this State.

SIGNATURE

12. ALL OFFICERS AND DIRECTORS

TITLE	PD
NAME	EGOZI, JOSE
ADDRESS	5660 COLLINS AVE #14C
CITY	MIAMI BEACH FL
TITLE	DST
NAME	EGOZI, SARA
ADDRESS	5660 COLLINS AVE #14C
CITY	MIAMI BEACH FL

13. ADDITIONAL OFFICERS AND DIRECTORS

TITLE ☐ DIR ☐ OFFICER
NAME
ADDRESS
CITY

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 Florida Statutes; and that my name appears above, or on an attachment with all other like empowered officers and directors.

SIGNATURE: 4-30-95 305-372-1933

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR
JOSE EGOZI PRESIDENT

0197449 CP