

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

FILED
Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **L54624** (6)

1. Corporation Name
SHOE CORNER, INC.

Principal Place of Business

**201 N MIAMI AVE
MIAMI FL 33128**

Mailing Address

**19495 BISCAYNE BOULEVARD
STE 705
AVENTURA FL 33180-3320
US**

3. Date Incorporated or Qualified
03/05/1990

3a. Date of Last Report
04/29/1996

4. FEI Number
65-0185643

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

19495 Biscayne Blvd.

Suite, Apt. #, etc.

Suite 705

City & State

Aventura, FL

Zip

33180

Country

U.S.

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Zip

26. Country

27. Suite, Apt. #, etc.

28. City & State

29. Zip

30. Country

31. Zip

32. Country

33. Zip

34. Country

35. Zip

36. Country

37. Zip

38. Country

39. Zip

40. Country

41. Zip

42. Country

43. Zip

44. Country

45. Zip

46. Country

47. Zip

48. Country

49. Zip

50. Country

51. Zip

52. Country

53. Zip

54. Country

55. Zip

56. Country

57. Zip

58. Country

59. Zip

60. Country

61. Zip

62. Country

63. Zip

64. Country

65. Zip

66. Country

67. Zip

68. Country

69. Zip

70. Country

9. Name and Address of Current Registered Agent

**EGOZI, LEON
19495 BISCAYNE BLVD
STE 705
AVENTURA FL 33180**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **EGOZI, JOSE**
STREET ADDRESS **5680 COLLINS AVE #14C**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **DST** ☐ DELETE

NAME **EGOZI, SARA**
STREET ADDRESS **5680 COLLINS AVE #14C**
CITY-ST-ZIP **MIAMI BEACH 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

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

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 do 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.

SIGNATURE:

Jose Egozi **PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/5/97

Daytime Phone #

305-372 1933

0243906

CR2E034 (9/96)