

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE**
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # L57057 (6)**

1. Corporation Name

SUNNILAND SHOE REPAIR, INC.

Principal Place of Business

**11513 S. DIXIE HWY.
MIAMI FL 33156-4445**

Mailing Address

**11513 S. DIXIE HWY.
MIAMI FL 33156-4445**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/14/1990

3a. Date of Last Report

08/18/1994

4. FEI Number

65-0229168

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐**\$5.00 May Be
Added to Fees**6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

City

24

Country

2a. Mailing Address

25

Suite, Apt. #, etc

26

City & State

27

City

28

Country

9. Name and Address of Current Registered Agent

**MEDINA, LUIS C.
8220 SW 13TH TER
MIAMI FL 33144**

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 or 4th tier registrant

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

15. TITLE

16. NAME

17. STREET ADDRESS

18. CITY - ST - ZIP

19. TITLE

20. NAME

21. STREET ADDRESS

22. CITY - ST - ZIP

23. TITLE

24. NAME

25. STREET ADDRESS

26. CITY - ST - ZIP

27. TITLE

28. NAME

29. STREET ADDRESS

30. CITY - ST - ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP

35. TITLE

36. NAME

37. STREET ADDRESS

38. CITY - ST - ZIP

39. TITLE

40. NAME

41. STREET ADDRESS

42. CITY - ST - ZIP

43. TITLE

44. NAME

45. STREET ADDRESS

46. CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

(Signature) (Name)