
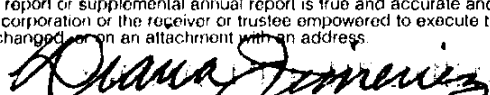


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M54644 (3) 1. Corporation Name EUREKA SHOE REPAIR, INC.					
Principal Place of Business 9833 SW 184TH ST. MIAMI FL 33157-6934			Mailing Address 9833 SW 184TH ST. MIAMI FL 33157-6934		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/26/1987	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2832357	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent JIMENEZ, DIANA 5120 SW 151ST PL. MIAMI FL 33185				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PSD	<input type="checkbox"/> DELETE			
NAME	JIMENEZ, DIANA				
STREET ADDRESS	5120 SW 151ST PL.				
CITY - ST - ZIP	MIAMI FL				
TITLE	VTD	<input type="checkbox"/> DELETE			
NAME	JIMENEZ, JUAN CARLOS				
STREET ADDRESS	5120 SW 151ST PL.				
CITY - ST - ZIP	MIAMI FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
11 TITLE					
12 NAME					
13 STREET ADDRESS					
14 CITY - ST - ZIP					
21 TITLE					
22 NAME					
23 STREET ADDRESS					
24 CITY - ST - ZIP					
31 TITLE					
32 NAME					
33 STREET ADDRESS					
34 CITY - ST - ZIP					
41 TITLE					
42 NAME					
43 STREET ADDRESS					
44 CITY - ST - ZIP					
51 TITLE					
52 NAME					
53 STREET ADDRESS					
54 CITY - ST - ZIP					
61 TITLE					
62 NAME					
63 STREET ADDRESS					
64 CITY - 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.					
SIGNATURE:  2/19/98 4478 (305) 235-4478					

CR2E034 (10/97)