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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M57997

MOREJON SHOE REPAIR INC.

FILED Jan 25, 1999 8:00am Secretary of State

01-25-1999 90001 033 ***150.00

MONES		· .					
Principal Plac	e of Business	Mailing Address				9)9 1) 9 1911 2 1217 2127	
5576 WEST FLAGLER ST. 5576 WEST FLAGLI MIAMI FL 33134 MIAMI FL 33134		5576 WEST FLAGLER ST.	R ST.		•		
WITH TE GOTO	•				DO NOT WRITE IN	THIS SPACE	
		•			3. Date Incorporated or Qualifed 08/26/1987		
2. Principal P	Place of Business:	2a. Mailing Address			4. FEI Number	Ар	plied For
21		26			65-0015407	. No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A Fee Re	
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added t	
Zip	Country	Zip	Coun	ry	8. This corporation owes the current ye		_
24	25		30		Personal Property Tax.	Yes	□No
rar -	9. Name and Address of Current	Registered Agent		M Name	10. Name and Address of New Regist	ered Agent	
ıre	CANO, MARCELO L			Name		-	
	NW LE JEUNE RD.		Ţ	Street A	Address (P.O. Box Number is Not Acceptable)		
	LE JEUNE CENTER	e	' 	13		HEREN	12 Q-46 R-
	MI FL	•	L				
		r		City		FL 85 Zip C	Code
office or I	registered agent, or both, in the State o am familiar with, and accept the obligati	f Florida: Such change was a	uthonzed	ov the como	corporation submits this statement for the purporation's board of directors. I hereby accept the	appointment as re	gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered A		equired when reinstating) DA		
	Signature, typed or printed name of registered agent OFFICERS AND		: Registered A		equired when reinstating) ,	S AND DIRECTO	
SIGNATURE	Signature, typed or printed name of registered agent			gent signature re			RS IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND S MOREJON, JUAN	DIRECTORS	13.	gent signature re		S AND DIRECTO	
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND S MOREJON, JUAN 327 NW 57TH CT	DIRECTORS	13. 1.1 TITL 1.2 NAA 1.3 STE	gent signature re		S AND DIRECTO	
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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 attackment with an Eddress, with all other like empowered.

SIGNATURE:

NATURE OF BANED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-08/98

Daytime Phone

R2E034 (11/98)