## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

SIGNATURE: Y

DOCU	MENT #	M83188	(6	3)							
	THOSE SHOES	ONE, INC.	•	,			j	148310011 (4145(50 11141 1120)	(a) a.		
Principal Plan	on of Puninnes										
Principal Place of Business Mailing Address								a isansaur ibi tolob tilft. Hibbt	IBIDA LANI AIBIS EIEIL (	##### <b>#</b>	1011 01011 ELEIF (881
1512 W. 4 HIALEAH			1512 W. 49TH ST. HIALEAH FL 33012								
								3. Date Incorporated or Qualified 05/31/1988	3a. Date of L		Report 1995
2. Principal Pi	lace of Business	—	Mailing Address		100		_	4. FEI Number	00/		Applied For
SuiteNAM	20 1977	10   26	5751 5 Suite, Apt. #, etc.	W.	137	AVE	∠	65-0059572			Not Applicable
22 \)O	NC	27						5. Certificate of Status Desired	□ \$ <sup>5</sup>		5 Additional Required
City & State	-	28	City & State MIAMI	FL				Election Campaign Financing     Trust Fund Contribution			May Be
Zip 24 331 8	Coun	· -	Zip	<b></b> -	Country			8. This corporation has liability for			
ALTERED		ess of Current Regis	<i>33   83</i> tered Agent	30					□ No		
		<u> </u>			81	Name			ensisten Abel	)(	
HUHN, EDUARDO					82	Street	ひ <mark>H</mark> I	N EDVARDO s (P.O. Box Number is Not Acceptat	ala)		
	W. 49TH ST.					575	51	5 W. 137 AVE	же)		
HIALE	AH FL 33012	^			83				······································		
1	$\sim$ 1	V = V			84	City			<b></b> 85	T 7i	o Codo
11. Pursuant	to beharovisions of Sac	100 607 0502 and 603	7 1509 Florido Ctol			<u> ᄱ</u>	IAN	<u> 11</u>		3	3183
or register familia	Party onboth, in the	State of Florida. Such	change was au ho	utes, the a rized by th	above-n ie corpo	amed co oration's	orporation board o	on submits this statement for the purifications. I hereby accept the app	pose of changing	jits r	egistered office
SIGNATURE _		• •	MESICE V	•s. • €D√)}	ARD	OR	Hu	1402	on to regio	COLCO	agont. I am
12.		of registered agent and title if a OFFICERS AND DIREC		NOTE: Registe	ared Agent			en reinstating)	DATE	<del></del> -	·
TITLE	PST	OFFICENS AND DIREC	DELETE	1:				ADDITIONS/CHANGES TO OFF			
NAME	HUHN, EDUAR	00	E'll peccif	1	1 TITLE 2 NAME		11	ULL CHUARDO	🔼 Cha	inge	☐ Addition
STREET ADDRESS	-1512 W 49TH				STREET /	EUUBEGG	HU1	HN, EDUARDO 5/ 5.W. 137 AVE			
CITY-ST-ZIP	HIALEAH FL				CITY-ST			AMI, FI			
THTLE	D		DELETE		1 TITLE		7-11-7		<b>⊠</b> Cha		Addition
NAME	HUHN, EDUARI			2.2	NAME	ļ	HU	HN EDUARDO	E Olia	nyc	☐ MUUMUM
STREET ADDRESS	-1512-W. 49TH	<del>\$</del> Ŧ.		2.3	STREET A	ADDRESS	57	HN, EDUARDO SI B.W. 137 AVE			
CITY-S1-ZIP	HIALEAH FL			24	CITY-ST	- ZIP		IAMI FI			
HTLE			DELETE	3	1 TITLE				☐ Cha	nge	Addition
NAME STREFT ADDRESS				3.2	NAME						
					STREET	- 1					
CITY-ST-ZIP			DELETE		CITY-ST	- ZIP					
AME .			[] beerie		1 TITLE	ļ			☐ Cha	nge	☐ Addition
TREET ADDRESS					NAME	DDDCCC					
11Y-ST-7IP					STREET A	ſ					1
ITLE			DELETE		TITLE	ZIF			□ Char		F Laur
IAME					NAME				☐ Char	ηc	☐ Addition
TREET ADDRESS				ı	STREET A	DDRESS					
ITY-ST-ZIP					CITY-ST-						
IILE			DELETE	6 1	TITLE				☐ Char	nge	Addition
AME Incor Approved				62	NAME				_		_
TREET ADDRESS		A		63	STREET AL	DDRESS					
4. I do hereby	certify that An informat	ion sunned with the si	ing is voluntaely f	6.4	CITY-ST-	ZIP			- <u>-</u>	_	
certify that t oath; that I a appears in E	the information indicated am an officer eddirecto Block 12 or Block 13 if	d on this annual report of the corporation or the corporation or the corporation attack	or supplemental and the receiver or trustic chment with an add	nisned and nual report e empow iress	i does i is true ered to	not qualit and acci execute	iy for the urate an this rep	e exemption stated in Section 119.0 of that my signature shall have the s out as required by Chapter 607, Flor	7(3)(k), Florida St ame legal effect a iga Statutes; and	atute as if r I that	s. I further nade under my name