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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9200006584 (6)

TRUCO	MIFORT SHOES, INC.								
Principal Pla	ce of Business	Mailing Address				18841881 115 18118 HBH 88411 68411 88111	78M 78M7 9M	K PHAN YOU	
4961 W ATLA DELRAY BEA		4961 W ATLANTIC A' DELRAY BEACH FL 3							
						3. Date Incorporated or Qualified	3a. Date	of Last R	eport
						11/19/1992	09/11	/1996	
	Place of Business	2a. Mailing Address				4, FEI Number		Ap	plied For
[21]		26				65-0374270			t Applicable
Suite, Api 22		Suite, Apt. #, etc	i.			5. Certificate of Status Desired		Fee Re	`
City & Sta	ıt€	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added (
Zφ	Country	Zip	Coi	untry	/	8. This corporation has liability for it	ntangible ta		
24	25	29	30		···		Yes 🗌		
	g. Name and Address of Cur	rrent Registered Agent		<u> </u>		10. Name and Address of New Re	platered Ag	ent	
Kin	NCAID, ALICIA			81	Name	•			
912 MONTERAY CIRCLE				82	Street Add	dress (P.O. Box Number is Not Acceptab	le)		
	YNTON BEACH FL 33438			-		پرچندان اس الله الله الله الله الله الله الله ا		····	
				83	ł				
				84	City		F-0'	35 Zip (Code
	(6)	0.00 1000 1500 11 11 0			<u>L</u>	poration submits this statement for the p	FL		
agent 1	registered agent, or born, in the standard than than with, and accept the ob-					ation's board of directors. I hereby acceptions in the second of directors. I hereby acceptions in the second of t	DATE	ment as	registered
12.		AND DIRECTORS	13.	, a rigi	- K dignosor o rodo	ADDITIONS/CHANGES TO OFFIC		RECTOR	S IN 12
TITLE	PDTS	DELETE	DELETE 1.1 T					Change	Addition
NAME	KINCAID, ALICIA		1.2 N	IAME	1				
STREET ADDRESS			1.3 \$	TREET	r address				
CITY - \$1 - 7IP	BOYNTON BEACH FL 3343	36	1.40	ITY-S	ST-ZIP				
THEF		DELET	211	ITLE				Change	Addition
NAME			2.2 N	AME	,				
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14. To hereby certify that the information supplied with this filling 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 13 if changed, or on an attachment with an address.

SIGNATURE:

DNAME OF BIGNING OFFICER ON DIRECTOR KINCAID I PRESIDENT

FILED

Mar 18 1997 8:00am

Secretary of State

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