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

SIGNATURE:

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P94000041375 (4) DOCUMENT # NANI SHOE CO., INC. Principal Place of Business Mailina Address 56 W ADAMS ST. 56 W ADAMS ST. JACKSONVILLE FL 32202 JACKSONVILLE FL 32202 3. Date Incorporated or Qualified 3a. Date of Last Report 05/31/1994 02/15/1995 2. Principal Place of Business 2a. Mailing Andress Applied For 26 113 W. Adams Street 21 59-3247323 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 Crty & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zιο Country Country 8. This corporation has liability for intangible tax under s. 199,032 Florida Statutes ☐ Yes ☐ 24 25 23 30 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 FERNANDEZ ox Number is Not Acceptable
ADAMS
S 82 ST 83 Zip Code JACKSONVILLE corporation submits this statement for the purpose of changing its registered office is board of electors. Thereby accept the appointment as registered agent. I am FERNA Nde 2 CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS TITLE DELETE Change L 1 III. E NAME 1.2 NAME FERNANDEZ, NANNETTE 113 ADAMS STREET STREET ADDRESS 1.3 STREET ADDRESS 56 W ADAMS STREET 1.4 CiTY - ST - ZiP JACKSONVILLE FL CITY-ST-ZIP TITLE F 1 DELETE 2 1 III.E Change ncitibbA ERVタメ 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-S1-ZIF 2.4 CHY+ST-ZIP DELFTÉ Change Addition TITLE 3 1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STHEET ADDRESS DITY-ST-ZIP 3 4 CITY - ST - ZIP DELETE 00000177478 THILE 4 1 TOLE -04/10/96--01006--036 NAME 4.2 NAME # ---***8.75 STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIF 4.4 CHY+ST ZIP DELETE Addition TITLE 5. 1 TITLE 300001774799** NAME 5 2 NAME -04/10/96--01006--037 STREET ADDRESS 5.3 STREET ADDRESS ***200.00 CITY - ST - ZIP 5.4 Cit Y - \$1 - ZIP TITLE DELETE Change ☐ Addition 6 1 HILF NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADORESS CITY - ST - ZIP 64 CHT+ ST ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not guidly for the exemption stated in Section 119.07(3)(b). Florida Statutes, I furth certify that the information indicated on this annual report or supplemental annual report is true and accorde 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