FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90189 034 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Ir corporated or Qualifed

06/07/1994

Mailing Address 2320 N. MIAMI AVENUE

MIAMI FL 33127-4432

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000042534

1. Corporation Name

Principal Place of Business

2320 N. MIAMI AVE.

US

MIAMI FL 33127-4432

SUNSHINE FOOTWEAR CORPORATION

		La- Mailing Address			4. FEI Numbe	or		Anı	lied For
¬ :	ace of Business	2a. Mailing Address			65-0496				t Applicable
Suite, Apt.	# oto	Suite, Apt. #, etc.						\$8.75 A	
22	#, etc.	27			5. Certifc ite	of Status Desired		Fee Re	
City & State	9	City & State			6, Election Ca	ampaign Financing		\$5.00	May Be
23		28			Trust Fund	Contribution		Added to	Fees
Zip	Courtry	Zip	Countr	ý	8. This corpo	ation owes the curr			
24	25	29	30		Persor al Property Tax. 10. Name and Address of New Registers d Ag				I⊒No
	9. Name and Address of Current	Registered Agent		 	10. Name and	Address of New F	legistered Ag	ent	
E00	71.1504		81	Name					
EGOZI, LEON				82 Street Acdress (P.O. Box Number is Not Acceptable)					
19495 BISCAYNE BLVD								-	-
SUITE 705				3					
AVENTURA FL 33180				84 City				85 Zip C	ode
							FL		
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statu	tes, the above	re-named or re-	poration submi s th ion's board of direc	is statement for the tors. I hereby accei	purpose of ch t the appointr	anging its nent as rer	registerea gistered
οπice (r n	egistered agent, or both, in the State t m familiar with, and accept the obligat	ions of, Section 607.0505, FI	orida Statute	5.	ion's board or three	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,
SIGNATUFE									
	Signature, typed or printed ne ne of registered agent			ent signature requir	red when reinstating)		DATE	OIDEGEO	
12.	OFFICERS AN		13.		ADDITIONS	CHANGES TO OF		Change	Addition
TITLE	D	☐ DELETE	1.1 TITLE				Į.	_) Change	
NAME	EGOZI, JOSE		1.2 NAMË						
STREET ADDRESS	2320 N. MIAMI AVENUE		1.3 STREE	ET ADDRESS					
CITY-ST-ZIP	MIAMI FL.		1.4 CITY-	\$T-ZIP				=1.00	
TITLE		C DELETE	2.1 TITLE				ļ	Change	☐ Addition
NAME			2.2 NAME						
STREET ADDRESS			23 STREE	ET ADDRESS					
CITY-ST-ZIP			2. 4 CITY-	-ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE					Change	☐ Addition
NAME			3.2 NAME						
STREET ADDRESS			33 STRE	ET ADDRESS					
CITY-ST-ZIP			3.4. CITY-	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE				ļ	Change	Addition
NAME			4. 2 NAME	.					
STREET ADDRESS			4 3 STRE	ET ADDRESS					
CITY-ST-ZIP			4.4 CITY-	ST-ZIP					_
TITLE		☐ DELETE	5 1 TITLE					Change	☐ Addition
NAME			52 NAME	:					
STREET ADDRESS			5.3 STRE	ET ADDRESS					
CITY-ST-ZIP			5.4 CITY-						
TITLE		☐ DELETE	6.1 TITLE					Change	Addition
NAME			6.2 NAME	:					
STREET ADDRESS			6.3 STRE	ET ADDRÉSS					
CITY, ST. 7IP			6.4 CITY-						
14. I heret y	certify that the informa ion supplied wit	n this filing does not qualify f	or the exemp	tion stated in	Section 119.07 (3)	i), Florida Statutes.	I further certif	y that the in	nformation

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 changer, or on an attachment with an address, with all other like empowered. SIGNATURE: