

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000055563 (8)**

1. Corporation Name

SHOE-ALL IMPORTS, INC.



Principal Place of Business

**6073 N.W. 167TH STREET
UNIT C-6
MIAMI FL 33015**

Mailing Address

**6073 N.W. 167TH STREET
UNIT C-6
MIAMI FL 33015**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

g. Name and Address of Current Registered Agent

**RAMBARRAN, HARRY
2625 HUNTER COURT
FT. LAUDERDALE FL 33331**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 612.06(2) and 612.15(4), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Said change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 612.06(2)(b), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME RAMBARRAN, HARRY
STREET ADDRESS 2625 HUNTER COURT
CITY-STATE-ZIP FT. LAUDERDALE FL 33331

TITLE DV
NAME NARAYANAN, DOREEN R
STREET ADDRESS 5530 W. 12TH AVE.
CITY-STATE-ZIP HIALEAH FL

TITLE DST
NAME RAMBARRAN, EDNA D
STREET ADDRESS 2625 HUNTER COURT
CITY-STATE-ZIP FT. LAUDERDALE FL 33331

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

5. NAME
6. STREET ADDRESS
7. CITY-STATE-ZIP

8. NAME
9. STREET ADDRESS
10. CITY-STATE-ZIP

11. NAME
12. STREET ADDRESS
13. CITY-STATE-ZIP

14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP

17. NAME
18. STREET ADDRESS
19. CITY-STATE-ZIP

14. I do hereby certify that the information supplied herein is true and voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this form will 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 this corporation or the person or persons who prepared this report are named by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of change of or newly added officer with an address.

SIGNATURE:

HARRY RAMBARRAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR. 20 11 1996 (954) 349-0220

CR2E034 (12/95)