


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

FILED

Jan 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000055900 (2)**

1. Corporation Name

**FASHION FOOTWEAR, INC.**

Principal Place of Business

**2775 NW 3RD AVENUE  
MIAMI FL 33127**

Mailing Address

**2775 NW 3RD AVENUE  
MIAMI FL 33127**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/28/1994**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**65-0517008**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZAYAS, ARIEL  
910 WEST AVENUE  
SUITE 716  
MIAMI BEACH FL 33189**

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 607.0502 and 607.1508, 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. Such 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>ALI, FOUZI</b>	
STREET ADDRESS	<b>11560 SW 145TH AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

2.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

2.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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3.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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3.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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4.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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4.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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5.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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5.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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6.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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6.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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14. I hereby certify that the information supplied with this filing 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**FOUZI MOUSHA ALI**

JAN 8 98

570-7601

CR2E034 (10/97)