

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000081814

1. Entity Name

GRAND SHOE INTERNATIONAL, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90033 005 ***150.00

Principal Place of Business	Mailing Address
25 S.E. 2ND AVE. SUITE 720 MIAMI FL 33131	25 S.E. 2ND AVE. SUITE 720 MIAMI FL 33131-1602

2. Principal Place of Business	3. Mailing Address
10691 N.KENDALL DRIVE	10691 N.KENDALL DRIVE
Suite, Apt. #, etc. 307	Suite, Apt. #, etc. 307
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33176	Country USA

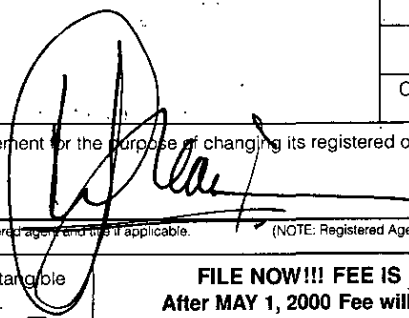


DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0556278	Applied For	<input type="checkbox"/>	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRANK G. LLACA 25 SE 2ND AVE SUITE 720 MIAMI FL 33131	Name FRANK G. LLACA Street Address (P.O. Box Number is Not Acceptable) 10691 N.KENDALL DRIVE, SUITE 307 City MIAMI FL Zip Code 33176

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida:

SIGNATURE FRANK G. LLACA  APRIL 17, 2000
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LLACA, FRANCISCO G 6071 SW 114 CT MIAMI FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LLACA, ZENIA 6071 SW 114 CT MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LLACA, FRANCISCO G JR 15664 S.W., 16 COURT PEMBROKE PINES FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK G. LLACA, PRESIDENT  4/17/00 305-596-4707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)