FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000050387 (6)**

1. Corporation Name

SHOE-X PRESS CORPORATION

Principal Place of Business

2622 N MIAMI AVENUE
MIAMI FL 33127

Mailing Address

2622 N MIAMI AVENUE
MIAMI FL 33127

3. Date Incorporated or Qualified: 06/27/1995

3a. Date of Last Report

4. FEI Number: 65-0591238 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

8. This corporation is liable for intangible tax under s. 199.032, Florida Statutes. [X] Yes [ ] No

2. Principal Place of Business

21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 — Country 25

2a. Mailing Address

26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 — Country 30

9. Name and Address of Current Registered Agent

BASHA, RICHARD E
169 EAST FLAGLER ST.
SUITE 1527
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 617.0502, 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

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	EGOZI, LUIS	
STREET ADDRESS	217 EAST RIVO ALTO DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	[X] DELETE
NAME	VELEZ, ANGEL	
STREET ADDRESS	1245 WEST 24TH STREET #206	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	[ ] Change	[ ] Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE	[ ] Change	[ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE	[ ] Change	[ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE	[ ] Change	[ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE	[ ] Change	[ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE	[ ] Change	[ ] Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

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***200.00

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3.30

14. I do 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: [signature] LUIS EGOZI — 3-15-96 — 305-~~573-1669~~ 571-9777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)