

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

FILED  
May 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000063096

1. Corporation Name

MCM FOOTWEAR ENTERPRISES, INC.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified

3a. Date of Last Report

8/15/95

2. Principal Place of Business

2a. Mailing Address

21 7400 W. Commercial Blvd.

26 2901 NW 2<sup>nd</sup> Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Landerhill, FL

28 Miami, FL

Zip

Country

Zip

Country

24 33319

25

29 33127

30

4. FEI Number

Applied For

65-0611436

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

MANUEL G. RODRIGUEZ

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

331 CAMBRIDGE DRIVE

83

84 City

Weston

FL

85 Zip Code

33326

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

(Type or print name of registered agent and date if applicable)

Manuel G. Rodriguez V

DATE

4/30/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	<input type="checkbox"/> DELETE
1.1 NAME	
1.2 STREET ADDRESS	
1.3 CITY-ST-ZIP	
2.1 NAME	<input type="checkbox"/> DELETE
2.2 STREET ADDRESS	
2.3 CITY-ST-ZIP	
3.1 NAME	<input type="checkbox"/> DELETE
3.2 STREET ADDRESS	
3.3 CITY-ST-ZIP	
4.1 NAME	<input type="checkbox"/> DELETE
4.2 STREET ADDRESS	
4.3 CITY-ST-ZIP	
5.1 NAME	<input type="checkbox"/> DELETE
5.2 STREET ADDRESS	
5.3 CITY-ST-ZIP	
6.1 NAME	<input type="checkbox"/> DELETE
6.2 STREET ADDRESS	
6.3 CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P ALBA IRIS RODRIGUEZ
1.3 STREET ADDRESS	931 CAMBRIDGE DRIVE
1.4 CITY-ST-ZIP	Weston, FL 33326
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Y MANUEL G. RODRIGUEZ
2.3 STREET ADDRESS	931 CAMBRIDGE DRIVE
2.4 CITY-ST-ZIP	Weston, FL 33326
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	200002180652
5.3 STREET ADDRESS	-05/16/97--01008--006
5.4 CITY-ST-ZIP	***165.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Manuel G. Rodriguez

DATE

4/30/97

Daytime Phone #

305-571-5060

CR2E034 (9/96)