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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000014402 (7)
FALCON'S CLOTHING & SHOES, CORP.

Principal Place of Business Mailing Address 1223 SW 6TH STREET 1223 SW 8TH STREET MIAMI FL 33130 MIAMI FL 33135-4003 3. Date Incorporated or Qualified 3a. Date of Last Report 02/15/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 21 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Added to Fees 23 Trust Fund Contribution Zip Country Zφ Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 29 Florida Statutes 24 25 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 FALCON, JORGE M 1223 SW 8TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33130 83 84 City 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 title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS (96/6) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13 DELETE 1.1 TITLE Change TITLE FALCON, JORGE M NAME 1.2 NAME 546 SW 1ST STREET #405 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33130** 1.4 CHY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 2.1 TITLE FALCON, JOEL NAME 2.2 NAME 989 SW 10TH AVENUE STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33130 017Y-ST-719 2 4 City - ST - ZiP DELETE Change Addition 31 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP DITY-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 receipt of thus the appears in Block 12 or Block 13 if changed or an appears in Block 12 or Block 13 if changed or an appear and address.

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

4.3 STREET ADDRESS

5 3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE NAME

TOLE

NAME

STREET ADDRESS CITY: ST-ZIP

STREET ADDRESS

STREET ADDRESS

City St. 7P

CHTY-ST-ZP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

DELETE

Daytime Phone #

Change

Change

Addition

Addition

___ Addition

FILED

May 09 1997 8:00am

Secretary of State