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

Mailing Address
1223 SW 8TH STREET

MIAMI FL 33130

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

1223 SW 8TH STREET MIAMI FL 33130

TITLE

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000014402 (7)

FALCON'S CLOTHING & SHOES, CORP.

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/15/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0641099 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Ζıp Country This corporation owes or has paid the current year Intangible □ No Yes 24 25 29 30 Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FALCON, JORGE M 1223 SW 8TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33130** 83 **R4** 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 privind namin of registered agent and title if applicable (NOTE: Registered Agont signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Change \_\_\_ Addition NAME FALCON, JORGE M 1.2 NAME 546 SW 1ST STREET #405 STREET ADDRESS REET ADDRESS **MIAMI FL 33130** CITY-ST-ZIP Y-ST-ZIF 1.4 DELETE Change Addition TITLE 2.1 FALCON, JOEL 989 SW 10TH AVENUE STREET ADDRESS REET ADDRESS MIAMI FL 33130 CITY-ST-ZIP TY-ST-ZIP DELETE TITLE Addition 3. NAME STREET ADDRESS ee1 address CITY-ST-ZIP - \$1 - ZIP DELETE Change TITLE Addition NAME STREET ADDRESS EET ADDRESS CITY-ST-ZIP -ST-ZIP DELETE TITLE 5.1 Addition NAME STREET ADDRESS REET ADDRESS CITY-ST-ZIP Y-ST-ZIP

DELETE

14. I hereby certify that the information supplied with this filing does not qualify for the exindicated on this annual report or supplemental annual report is true and accurate an officer or director of the corporation or the receiver or trustee empowered to execute Block 12 or Block 13 if changed or on an attachment with an address.

6.1

6.2

IEET ANDRESS

FILED
May 04 1998 8:00am
Secretary of State



mption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is that my signature shall have the same legal effect as if made under oath; that I am an his report as required by Chapter 607, Florida Statutes; and that my name appears in

\_\_ Change

Addition