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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000076827 (0)

GIORDANO'S SHOES OF FLORIDA, INC.

Principal Place of Business Mailing Address 3125 N.E. 163RD STREET 3125 N.E. 163RD STREET NORTH MIAMI BEACH FL 33180-4463 NORTH MIAMI BEACH FL 33180 3. Date Incorporated or Qualified 3a. Date of Last Report 09/13/1996 FE] Number 2a. Mailing Address Applied For 2. Principal Place of Business Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country This corporation has liability for in angible tax under s. 199.032, Country $Z_{\rm ID}$ Yes 🗌 No Florida Statutes 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KOENIGSBERG, JAY SUITE 704 82 Street Address (P.O. Box Number is Not Acceptable) 1101 BRICKELL AVENUE 83 MIAM! FL 33131 Zip Code City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signarize, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) (96/6)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change ___ Addition DELETE 1.1 TITLE THE 12E034 GONZALEZ, ALLEN 1.2 NAME NAME 1150 2ND AVENUE 1.3 STREET ADDRESS STREET ADDRESS **NEW YORK NY** 1.4 CITY - ST - ZIP C01Y-51-20 ☐ Change Addition DELETE 21 TITLE 2.2 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 City-St-ZiP OUY SI ZE Change DELETE Addition 3.1 TITLE 11111 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP Addition Change ■ DELETE 4.1 TITLE 111-F 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 City - ST-ZIP COTY ST-ZIP Addition ☐ Change DELETE 5.1 TITLE THEF 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADJUGESS

5.4 CITY - \$1 - ZIP

6.3 STREET ADDRESS

6.4 CITY-\$1-ZIP

61 TITLE

62 NAME

SIGNATURE:

C 11 - S1 - 7-I

STREET ADDRESS

CITY - ST- 7H

TITLE

NAME

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. Los hereby certify that the information supplied with this filing does not qualify information indicated on this annual report or supplemental annual report of supplemental annual report is full tam an officer or director of the corporation or the receiver or trustee annual reports in Block 12 or Block 13 if changed, or on an attachment with an ladd.

DELETE

Change Addition

FILED

May 12 1997 8:00am

Secretary of State

or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the fand accurate and that my significant shall have the same legal effect as it made under oath, that do execute this report as ecoured by Chapter 907, Florida Statutes, and that my name iss.

Daytime Phone #