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

PROFIT CORPORATION **ANNUAL REPORT**

1998

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Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

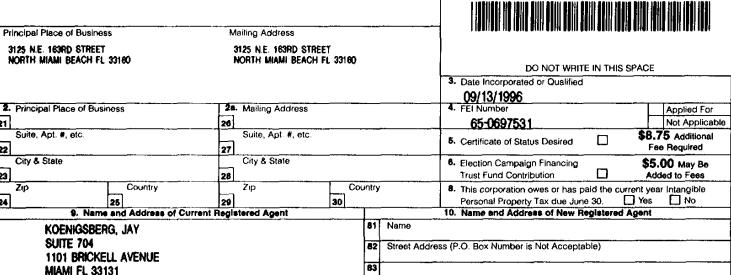
Secretary of State **DIVISION OF CORPORATIONS**

POCUMENT # P9600076827 (0)

GIORDANO'S SHOES OF FLORIDA, INC.

incipal Place of Business	Mailing Address
1125 N.E. 163RD STREET	3125 N.E. 163RD STREET
NORTH MIAMI BEACH FL 33160	NORTH MIAMI BEACH FL 33160

FILED May 11 1998 8:00am Secretary of State



111	01 BRICKELL AVENUE				
	AMI FL 33131	83			
	0.10	84	City	FL 85 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. I am familiar with und accept the obligations of Section 607.0505, Florida Statutes.					
SIGNATURE Signature, Draid or an analysteroid grounding table if applicable (NOTE Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND DIRECTORS 13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D DELETE 1.1 T	ITLE		Change Addition	
NAME	GONZALEZ, ALLEN	NAME	}		
STREET ADDRESS	4474 ALIE ALIE ALIE ALIE ALIE ALIE ALIE ALIE	STREET	ADDRESS		
CITY-ST-ZIP	NEW YORK NY 1.40	CITY-S	(-ZIP		
TITLE	DELETE 2.11	ITLE	Ţ	Change Addition	
NAME	221	MAME			
STREET ADDRESS	23.5	STREET	ADDRESS		
CITY-ST-ZIP		CITY-S	r-zip		
TITLE	DELETE 3.1 T	IILE	[Change Addition	
NAME	32 M	NAME			
STREET ADDRESS	3.3 \$	STREET	address		
CITY-ST-ZIP		CITY-S	r•ziP		
TITLE	DELETE 4.1 T	ITLE	ļ	Change Addition	
NAME	4.21	NAME	ļ		
STREET ADDRESS	4.3 \$	THEET	address		
CITY-ST-ZIP		CITY-S	- ZIP		
TITLE	DELETE 5.17	ITLE	ľ	Change Addition	
NAME	52M	IAME			
STREET ADDRESS	5.3.5	STREET	ADDRESS		
CITY-ST-ZIP		DITY-S	- ZIP		
TITLE	DELETE 617		l	Change Addition	
NAME	. 62 M	AME	ļ		
STREET ADDRESS	6.3 S	TREET	address		
CODY et 2100	142	ם בעדוי	ם מוכ		

III. Thereby 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, of one in the receiver of the corporation of the receiver of 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, of one in the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the corporat

SIGNATURE: