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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000082059 (2)

LUV THOSE SHOES TOO, INC.

rincipal Place of Business	Mailing Address		
310 NORTHWEST 25TH STREET	310 NORTHWEST 25TH STREET		
MIAMI FL 33126	MIAMI FL 33126		

FILED Feb 04 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address			
310 NORTHWEST 25TH STREET 310 NORTHWEST 25TH STREET MIAMI FL 33126				
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
2. Principal Place of Business	2a. Mailing Address			10/03/1996 4. FEI Number Applied For
21	26			65-0699711 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$0.7E adds1
22	27			5. Certificate of Status Desired Fee Required
City & State	City & State			Election Campaign Financing \$5.00 May Be
Zip Country	/ 28 Z _I p	Count		Trust Fund Contribution Added to Fees
24 25 25	21P	Count	ry	8. This corporation owes or has paid the current year Intangible
	ss of Current Registered Agent	30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
HUHN, EDUARDO		8	1 Na	ame
310 NORTHWEST 25TH	STREET	_	• •	
MIAMI FL 33126		8	2 Str	reet Address (P.O. Box Number is Not Acceptable)
		8	3	10 g y 10 y 1 g y 10 y 10
		_	-	
		8		
11. Pursuant to the provisions of Section	ons 607.0502 and 607.1508, Florida Statu	ites, the abo	ve-nan	med corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and acce	opt the obligations of, Section 607.0505, F	lautnorized i Florida Statut	oy the es.	corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE				
			gent sign	nature required when reinstating) DATE
TITLE D	FICERS AND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME HUHN, EDUARDO	C) Deceil	1.1 TITLE		Change
STREET ADDRESS 310 NORTHWEST 2	OSTU CIDCET	1.2 NAME		500
CITY-ST-ZIP MIAMI FL 33126	ESTIT STREET	1.3 STRE		155
TITLE	DELETE	1.4 CITY- 2.1 TITLE		Change Addition
NAME		2.2 NAME		C Oralligo C Addition
STREET ADDRESS		2.3 STREE		297
CITY-ST-ZIP		2. 4 CITY		l l
TITLE	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		_ , _
STREET ADDRESS		3.3 STREE	T ADDRE	ess
CITY-ST-ZIP		3.4. CITY	-ST-ZIP	
TITLE	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4. 2 NAMI	Ē	
STREET ADDRESS		4.3 STREE	1 ADDRE	ESS
CITY-ST-ZIP	F-1	4.4 CITY-	ST-ZIP	
TITLE	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREE		SSS
CITY-ST-ZIP	- I pelette	5.4 CITY-	ST - 71P	
TITLE	☐ DELETE	6.1 TITLE		Change L Addition
NAME STREET ADDRESS		6.2 NAME		
CITY-ST-ZIP	. ~	6.3 STREE		200
14. I hereby certify that the information	supplied with this filed does not qualfy f	6.4 CITY-		I stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in