FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000087745

1. Entity Name
PREMIERE CLASSE FOOTWEAR CORP.

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FILED
03 MAY -8 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000019088050
05/15/03--01064--009 **450.00

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2. Principal Place of Business	3. Mailing Address
%ARAZOZA & COMPANY, PA.	SAME
Suite, Apt. #, etc.: 2100 SALZEDO ST. #300	Suite, Apt. #, etc.:
City & State: CORAL GABLES FL	City & State:
Zip: 33134 Country:	Zip: Country:

4. FEI Number: 65-0703819 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: ARAZOZA & FERNANDEZ-FRAGA PA
Street Address (P.O. Box Number is Not Acceptable): 2100 SALZEDO STREET SUITE 300
City: CORAL GABLES FL Zip Code: 33134

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MORA, FRANK
STREET ADDRESS	2333 BRICKELL BAY CLUB #904
CITY-ST-ZIP	MIAMI, FL. 33129
TITLE	S
NAME	RUIZ, MARIA ANGELES
STREET ADDRESS	2333 BRICKELL BAY CLUB #904
CITY-ST-ZIP	MIAMI, FL. 33129
TITLE	VP
NAME	MARTINEZ, JOSE M
STREET ADDRESS	2100 SALZEDO STREET, # 300
CITY-ST-ZIP	CORAL GABLES, FL. 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

12. I 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 report or supplemental 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: ____________________ 305-444-3223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STF FL32381F.1