

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90030 040 ***150.00

DOCUMENT # P97000020511

1. Corporation Name
EXTREME SHOE REPAIR, INC.



Principal Place of Business

~~775 W. FLAGLER ST.~~
~~MIAMI FL 33144~~

P.O. Box 527368
Miami FL 33152

Mailing Address

~~775 W. FLAGLER ST.~~
~~MIAMI FL 33144~~

P.O. Box 527368
Miami FL 33152

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 P.O. Box 527368

Suite, Apt. #, etc.

22 City & State
23 Miami

24 Zip
25 FLORIDA

Country
26 33152

2a. Mailing Address

26 P.O. Box 527368

Suite, Apt. #, etc.

27 Miami FL

28 33152

Country

3. Date Incorporated or Qualified

03/05/1997

4. FEI Number

65-0733774

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

BARAHONA, DANNY
775 W. FLAGLER ST.
#1
MIAMI FL 33144

MEZA, JAIME A.
7987 NW 7 ST. # D4
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

MEZA, JAIME A.
7987 NW 7 ST. # D4
MIAMI
FL 33126

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03/01/99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	BARAHONA, DANNY	775 W. FLAGLER ST.	MIAMI FL 33144	<input checked="" type="checkbox"/>
	MEZA, JAIME A.	7987 NW 7 ST. APT. D4	MIAMI FL 33126	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
	MEZA, JAIME A.	7987 NW 7 ST. APT. D4	MIAMI FL 33126	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. 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 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 or the receiver or 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/01/99

305-267-1990

CR2E034 (11/98)

0218336