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

DOCUMENT # **P97000033313**

1. Corporation Name

ATLANTICO SHOE CORP.

Principal Place of Business

501 S.W. 37TH AVENUE MIAMI FL 33135 Mailing Address

501 S.W. 37TH AVENUE

FILED Jun 09, 1999 8:00 am Secretary of State

06-09-1999 90005 026 ***550.00



AMI FL 33135	5	MIAMI FL 33135			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 04/14/1997			
	lace of Business I N. Waterway Dr	2a. Mailing Address 26 7/4/ N. W	aten	way Dr	4. FEI Number 65-0786322			pplied For ot Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certifcate of Status Desired			Additional lequired
City & State	•	City & State . 28 Migmi, FL	. 33	155	6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 331	55 Country SA	Zip 29 33155 30	Country	SA	This corporation owes the curr Personal Property Tax.	ent year Inta	angible Yes	No
	9. Name and Address of Current	Registered Agent		1	10. Name and Address of New F	legistered A	Agent	
ΔNIT	ON, EDUARDO		81	Name				
	S CORAL WAY		82	Street Addre	ss (P.O. Box Number is Not Accepta	able)		
	E 406			 				
	MI FL 33145		83					
uni v 2 00 i v			84	City		FL	85 Zip	Code
σπice or n agent. I ar GNATURE	to the provisions of sections of 35522 egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statutes	s.	TS BOARD OF DIRECTORS. THE EDY DOCC		THE TOTAL CONTROL OF THE TOTAL CONTROL OT THE TOTAL CONTROL OF THE TOTAL	
	Signature, typed or printed name of registered agent a			nt signature required		DATE	D DIDECT	000 111 40
- т	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS AN	☐ Change	Addition
}	D De la Torre, Homero R	☐ DELETE	1.1 TITLE				Change	
_)	501 S.W. 37TH AVE		1.2 NAME	T 4DDD500				
. I ADDIRLISS	MIAMI FL 33135		1.4 CITY-S	T ADDRESS				
· ZIP	INDIAN I E GO IGO	DELETE	2.1 TITLE	H-ZIF			Change	☐ Addition
		_ -	2.2 NAME					
: ADDRESS			2.3 STREE	TADDRESS				
.:-ZIP			2. 4 CITY-5	ST-ZIP				
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			3.2 NAME	İ				
ET ADDRESS			3.3 STREE	T ADDRESS				
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		_	5.2 NAME					
- (ADDM 183			5.3 STREE	TADDRESS				
Y-ST-ZIP			5.4 CITY-S	T-ZIP				
E		☐ DELETE	6.1 TITLE				☐ Change	☐ Addition
Ē			6.2 NAME					
ET ADDRESS			6.3 STREE	T ADDRESS				
-ST-ZIP			6.4 CITY-S	IT-ZIP				

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 chapter 607, or an attachment with an address, with all other like empowered.

IGNAT	IIDE:
IOITAL	UIL.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-21-99 (305)263-992°

R2F034 (11/98)