


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

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

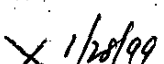
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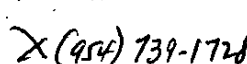
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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P97000038381</b>					
1. Corporation Name <b>MDM INTERNATIONAL SHOE CORPORATION</b>					
Principal Place of Business 7949 NW 51ST COURT LAUDERHILL FL 33351			Mailing Address 7949 NW 51ST COURT LAUDERHILL FL 33351		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/30/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 2730 NW 30 way		27 2730 NW 30 way		65-0753337	
City & State		City & State		Applied For	
23 Lauderdale Lakes FL		28 Lauderdale Lakes FL		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
24 33311		25 Broward		29 33311	
30 Broward		31		8. This corporation owes the current year Intangible Personal Property Tax.	
9. Name and Address of Current Registered Agent		81 Name		10. Name and Address of New Registered Agent	
GASS, DANIEL G 10001 NW 50TH STREET, #204 SUNRISE FL 33351		82 Street Address (P.O. Box Number is Not Acceptable)		83	
		84 City		85 Zip Code	
		FL			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

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:**  **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 1/26/99  
Date

 (954) 739-1728  
Daytime Phone #

CR2E034 (11/98)