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

PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of Stat

DIVISION OF CORPOR TIONS

P97000043652 (1) DOCUMENT #

FLORIDA SHOES AND CLOTHING CORP.

Mailing Address

FILED May 05 1998 8:00am Secretary of State



Principal Place of Business 6993 NW 82ND AVE. #27 6993 NW 82ND AVE. #27 MIAM! FL 33166 **MIAMI FL 33166** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/13/1997 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Reguired 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees Country Zip Zipi Country This corporation owes or has paid the current year Intangible Yes 24 □ No 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NEYRA, MARTHA 6993 NW 82ND AVE. #27 62 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33166** 83 84 City Zip Code 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 (NOT) Registered Agent signature required when reinstaling) Signature, typed or printed name of registered agent and lifte if hip like able ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. Change ■ Addition **DPST** DELETE 1.1 TITLE TITLE **NEYRA.** MARTHA 1.2 NAME NAME 6993 NW 82ND AVE. #27 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33166** CITY-ST-ZIF 1.4 CITY - \$1: ZIP DELETE Change Addition 2.1 TITLE TITLE **NEYRA, CARLOS** NAME 2.2 NAME 6993 NW 82ND AVE. #27 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33166** 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETÉ Change Addition TITLE \$1TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City - St - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY - ST - ZIP CITY-ST-ZIP 14. Thereby 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

Block 12 or Block 13 if changed, or on an attachment with an address. Ma r.tha Nevra O Moontha

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