

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 20, 1999 8:00 am  
Secretary of State

04-20-1999 90102 018 \*\*\*150.00

DOCUMENT # P97000083089

1. Corporation Name

MACRO SHOES UNLIMITED, INC.

Principal Place of Business

5335 N MILITARY TRAIL  
SUITE 50  
WEST PALM BEACH FL 33407  
US

Mailing Address

511 S.W. 62ND WAY  
MARGATE FL 33068

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/24/1997

4. FEI Number

65-0798077

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 195 S. STATE RD 7

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State

MARGATE, FL

27 City & State

28 City & State

24 Zip

33068

Country

25 US

29 Zip

30 Country

9. Name and Address of Current Registered Agent

MACKENSON, BERNARD  
5335 N MILITARY TRAIL  
SUITE #50  
WEST PALM BEACH FL 33407

10. Name and Address of New Registered Agent

81 Name  
MACKENSON, BERNARD  
82 Street Address (P.O. Box Number is Not Acceptable)  
195 S. STATE RD 7  
83  
84 City  
MARGATE FL 85 Zip Code  
33068

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

Mackenson Bernard

04/17/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
BERNARD, MACKENSON  
STREET ADDRESS 511 S.W. 62ND WAY  
CITY-ST-ZIP MARGATE FL 33068

TITLE ☐ DELETE

NAME VPD  
BERNARD, NADEGE  
STREET ADDRESS 511 S.W. 62ND WAY  
CITY-ST-ZIP MARGATE FL 33068

TITLE ☐ DELETE

NAME SD  
AHRENDTS, JEAN-HIGOR  
STREET ADDRESS 511 SW 62ND WAY  
CITY-ST-ZIP MARGATE FL 33068

TITLE ☒ DELETE

NAME TD  
CALYPSE, JEAN LOUIS  
STREET ADDRESS 6335 PINESTAD DRIVE  
CITY-ST-ZIP LAKE WORTH FL 33462

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

Mackenson Bernard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/99

DATE

(954) 968-4668

Daytime Phone #

CR2E034 (1/98)