Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90137 025 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000086380

1. Corporation Name

FOOTIVEAR MANAGEMENT INTERNATIONAL, INC.

		, , , , , , , , , , , , , , , , , , ,			
Principal Place	e of Business	Mailing Address		1) 251(251 (10 101) 1051) 251(1 261) 251(1 251)	
1149 GINGER CIRCLE 1149 GINGER CIRCLE WESTON FL 33326 WESTON FL 33326					
MESION FL 33	1320	MESTON FE 33320		DO NOT WRITE IN THIS	SPACE
				Date Incorporated or Qualifed 10/07/1997	
2 Principa Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0794826	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desireo	Fee Recuired
City & Stat	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation owes the current year in:	
24	25	— · -	30	Personal Property Tax.	☐Yes No
	9. Name and Address of Curre			10. Name and Address of New Registered	Agent /
			81 Name		
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134			82 Street Ac	dress (P.O. Box Number is Not Acceptable)	
			83		
001	INE CARDLES I E 00 104		[83]		
			84 City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections but Ub				
office or r	registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was aut ations of, Section 607.0505, Flori	inonzed by the corbora	rporation submits this statement for the purpose of tion's board of cirectors. I hereby accept the apported when reinstating)	intment as registered
office or r agent. a SIGNATURE	registered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or printed name of registered ag	e of Florida. Such change was aut ations of, Section 607.0505, Flori	thonzed by the corporate da Statutes.	tion's poard of Cirectors. Thereby accept the appo	ND DIRECTOR S IN 12
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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 quistee 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 attachine that have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or quistee 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 attachine that have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the corporation of the corporation of the corporation or the receiver of the corporation of the corporati

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

STREET ADDRES S

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATU RE AND TYPED OBA FIGER OR DIRECTOR

Change

☐ Addition