PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT, OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000013472

PERFEC	IT FIT SHOES, INC.) OTAL COM FAKI CIVI		1 3411 (1 11 1 1 11 1	
}								
Principal Place	e of Business	Mailing Address		I (BRIMER) (1) I INVECTOR	1 481 (1 68 (1) 48 (1) 48 (1)	. 31890 16111 0 1211 6	**************************************	
295 MIRACLE I CORAL GABLE		295 MIRACLE MILE CORAL GABLES FL 33134		DO NO	OT WRITE IN THIS	SPACE		_
				3. Date Incorporated or C	ualifed]
1				02/09/1998				_
2. Principal P	tace of Business	2a. Mailing Address		4. FEI Number		Apr	plied For]
21		26		65-0828	671		t Applicable	4
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status De	sired 🔲	\$8.75 A Fee Rec		
City & Stat	18	City & State		6. Election Campaign Fin	ancing	\$5.00		_ _
23		28		Trust Fund Contribution	\	Addad to	Fees	4
Zip	Country	Ζp	Country	8. This corporation owes			Пыс	}
24			30	Personal Property Tax			□No	-
J	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address o	New Registered	- √Amur	110	1
	MARS SAUCAR MENDEMENTE A A) 2	Address (P.O. Bax Number is Not	Acceptable)	SAN	<u>1605</u> 1)
Ed	VAL GABNES VF VSSYBAN		83]
	\mathcal{A}		84 City COR	al Gablus	FL	- 85 Zip C	134	4
11. Pursuant	to the previsions of Sections 607.050 registered agent/or both, in the State or familiar will/age accept the ordinary)2 and 607.1508, Florida Statute of Florida. Such change was au	s, the above-named thorized by the corp	corporation submits this statement pration's board of directors. I heret	y accept the appoi	intment as reg	jistered	
agent, I a	m familiar will sod accept the ordige	itions of, Section 607.0505, Flori	da Statutes.	1	1-16-6	39		
SIGNATURE	(Nava Or	118			01/			١.
12.		NOTE: (NOTE:	Registered Agent eigneture :	ADDITIONS/CHANGES	TO OFFICERS AN	ND DIRECTO	RS IN 12	000000000000000000000000000000000000000
TITLE	D /	DELETE	1.1 TITLE	Director		Change	Addition] ;
NAME	SANTOS SAIA IR		1.2 NAME	Barbana Salvador	a Santos			1 2
STREET ADDRESS			1.3 STREET ADDRESS	295 Miracle Mile	2			1 8
CITY-ST-ZIP	TOM ELECTION A		1.4 C(TY-ST-ZP	Coral Gables, FC	33134		<u> </u>] 8
TITLE	GOING IN DECO-11000 (FIG.)	☐ OELETE	2.1 TITLE			☐ Change	Addition] (
NAME			2.2 NAME					Ī
STREET ADDRESS	<u>l</u>		23 STREET ADDRESS					1
CITY-ST-ZIP	i .		2.4 CITY-ST-ZIP			_]
TITLE	 	☐ DELETE	3.1 TITLE			Change	Addition	1
NAME	\		3.2 NAME					1
STREET ADDRESS			13 STREET ADDRESS					_
CITY-ST-ZIP	İ	•	34. CITY-ST-ZIP]
TITLE		☐ DELETE	4.1 TITLE			Change	Add/tion	1
NAME	1		4.2 NAME					1.
STREET ADDRESS			4.3 STREET ADDRESS					1
CITY-ST-ZIP	[4.4 CITY-ST-ZIP		···			4
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Add@on	1
NAME	l		5.2 NAME					1
STREET ADDRESS	1		5.3 STREET ADDRESS					1
CITY-ST-ZIP			5,4 CITY-ST-ZIP	<u> </u>				1
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition	1
NAME			6.2 NAME					
STREET ADDRESS	ļ		6.3 STREET ADDRESS					1

8.4 CITY-ST-ZIP

GOFFICER OR DIRECTOR

SIGNATURE:

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 ennual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the proceiver 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 Alachment with an address, with all other like empowered.

May 04, 1999 8:00 am Secretary of State

05-04-1999 90214 038 ***150.00

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