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Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90117 048 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000061438

1. Corporation Name

MILLENNIUM INTERNATIONAL SHOE COMPANY

Principal Place of Business

764 SW 8TH STREET
MIAMI FL 33130

Mailing Address

~~764 SW 8TH STREET~~
~~MIAMI FL 33130~~



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/13/1998

4. FEI Number

65-0869486

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

155 SW 25 ROAD

Suite, Apt. #, etc.

27

MIAMI, FL

28

City & State

29

Zip

Country

30

USA

9. Name and Address of Current Registered Agent

COSME J. DE LA TORRIENTE, P.A.
155 SOUTHWEST 25TH ROAD
MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

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	D	<input type="checkbox"/> DELETE
NAME	GONZALEZ, ARMANDO R	
STREET ADDRESS	764 SW 8TH STREET	
CITY-ST-ZIP	MIAMI FL 33130	

TITLE	D	<input type="checkbox"/> DELETE
NAME	GARCIA, DANIEL	
STREET ADDRESS	764 SW 8TH STREET	
CITY-ST-ZIP	MIAMI FL 33130	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JIMENEZ, DAISY	
STREET ADDRESS	764 SW 8TH STREET	
CITY-ST-ZIP	MIAMI FL 33130	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D & VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GONZALEZ, ARMANDO R	
1.3 STREET ADDRESS	764 SW 8 ST	
1.4 CITY-ST-ZIP	MIAMI, FL 33130	

2.1 TITLE	D & P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GARCIA, DANIEL	
2.3 STREET ADDRESS	764 SW 8 ST	
2.4 CITY-ST-ZIP	MIAMI, FL 33130	

3.1 TITLE	D & S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DE LA TORRIENTE, COSME	
3.3 STREET ADDRESS	155 SW 25 ROAD	
3.4 CITY-ST-ZIP	MIAMI, FL 33129	

4.1 TITLE	D & T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	EDEN, ADIG	
4.3 STREET ADDRESS	3785 NW 82 AVE # 312	
4.4 CITY-ST-ZIP	MIAMI, FL 33166	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/99 305 856 7799

CR2E034 (11/88)