


AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO ~~RENEWAL~~ \$750).

FILED
Aug 16, 1999 8:00 am
Secretary of State

08-16-1999 90001 003 ***150.00

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|--|--|---|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P98000094016 1. Corporation Name ACE SNEAKERS, INC. | | | | | |
| Principal Place of Business 801 S. 60TH AVENUE, #230 HOLLYWOOD FL 33023 | | | Mailing Address 901 S. 60TH AVENUE, #230 HOLLYWOOD FL 33023 | | |
| DO NOT WRITE IN THIS SPACE | | | | | |
| 3. Date Incorporated or Qualified 11/05/1998 | | | | | |
| 2. Principal Place of Business 21 3600 S. STATE RD 7 Suite, Apt. #, etc. | | 2a. Mailing Address 26 3600 S. STATE RD 7 Suite, Apt. #, etc. | | 4. FEI Number 65-0873553 | |
| 22 230 City & State MIRAMAR FL | | 27 230 City & State MIRAMAR, FL | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 33023 Zip | | 28 33023 Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 33023 Country | | 29 33023 Country | | 8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent LEE, MISOOK 901 S. 60TH AVENUE, #230 HOLLYWOOD FL 33023 | | | 10. Name and Address of New Registered Agent B1 Name SAME B2 Street Address (P.O. Box Number is Not Acceptable) 3600 S. STATE RD 7, #230 B3 B4 City MIRAMAR FL B5 Zip Code 33023 | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | | |
| TITLE | D <input type="checkbox"/> DELETE | | | | |
| NAME | LEE, MISOOK | | | | |
| STREET ADDRESS | 901 S. 60TH AVENUE, #230 | | | | |
| CITY-ST-ZIP | HOLLYWOOD FL 33023 | | | | |
| 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 | | | | | |
| TITLE | <input type="checkbox"/> DELETE | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | |
| 1.1 TITLE | DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 1.2 NAME | LEE, MISOOK | | | | |
| 1.3 STREET ADDRESS | 3600 S. STATE RD 7, #230 | | | | |
| 1.4 CITY-ST-ZIP | MIRAMAR, FL 33023 | | | | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 2.2 NAME | | | | | |
| 2.3 STREET ADDRESS | | | | | |
| 2.4 CITY-ST-ZIP | | | | | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 3.2 NAME | | | | | |
| 3.3 STREET ADDRESS | | | | | |
| 3.4 CITY-ST-ZIP | | | | | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 4.2 NAME | | | | | |
| 4.3 STREET ADDRESS | | | | | |
| 4.4 CITY-ST-ZIP | | | | | |
| 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. | | | | | |
| SIGNATURE: <u><i>MISOOK LEE</i></u> 8/8/99 954-967-0001 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |

CR2E034 (5/99)