

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90301 008 \*\*\*150.00

**DOCUMENT # P99000073663**

1. Entity Name  
**ARRIBA INTERNATIONAL SHOES, CORP.**

Principal Place of Business 1612 SW 11 STREET MIAMI FL 33135	Mailing Address 1612 SW 11 STREET MIAMI FL 33135-5314
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 153 48 SW 72 ST Suite, Apt. #, etc. APT 13 City & State MIAMI, FL	3. Mailing Address 153 48 SW 72 ST Suite, Apt. #, etc. APT 13 City & State MIAMI, FL
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4. FEI Number 65-0943227	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CONTRERAS, JOSE OLMEDO 1612 SW 11 STREET MIAMI FL 33135	7. Name and Address of New Registered Agent Name: CONTRERAS, JOSE OLMEDO Street Address (P.O. Box Number is Not Acceptable): 153 48 SW 72 ST APT 13 City: MIAMI, FL Zip Code: 33193
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: *[Signature]* JOSE OLMEDO CONTRERAS DATE: 4/27/00

Signature, in blue ink, of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

9. This Corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT CONTRERAS, JOSE OLMEDO 1612 SW 11 STREET MIAMI FL 33135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS VALLEJO, LUZ ANGELA 1612 SW 11 STREET MIAMI FL 33135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* JOSE OLMEDO CONTRERAS DATE: 4/27/00

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)