

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S48838** (4)

1. Corporation Name  
**BALIZZA SHOES & ACCESSORIES, INC.**

Principal Place of Business  
**7683 N KENDALL DR  
MIAMI FL 33156  
US**

Mailing Address  
**14951 S. DIXIE HWAY  
MIAMI FL 33176-7929  
US**



2. Principal Place of Business 21 <b>7597 N. KENDALL DR</b> Suite, Apt. #, etc. 22 <b>SUITE # 2170</b> City & State 23 <b>MIAMI - FLORIDA</b> Zip 24 <b>33156</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>14951 SOUTH DIXIE HWAY</b> Suite, Apt. #, etc. 27 City & State 28 <b>MIAMI - FLORIDA</b> Zip 29 <b>33176</b> Country 30 <b>USA</b>		3. Date Incorporated or Qualified <b>04/29/1991</b>	3a. Date of Last Report <b>04/23/1996</b>
		4. FEI Number <b>65-0305621</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**PREVITI, PETER  
5825 SUNSET DR.  
SUITE 210  
MIAMI FL 33143**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HANNA, GINA</b>	1.2 NAME	
STREET ADDRESS	<b>9241 S.W. 140TH ST.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>P</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HANNA, BARRY</b>	2.2 NAME	
STREET ADDRESS	<b>9241 SW 140 ST</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HANNA, SONIA</b>	3.2 NAME	
STREET ADDRESS	<b>9241 SW 140 ST</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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, its 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 of this report or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/97

Date

(305) 252-7463

Daytime Phone #

CR2E034 (9/96)