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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V59220

(6)

ALPERT SHOE CORPORATION

Mailing Address

3900 N.W. 79TH AVE.

Principal Place of Business

3900 N.W. 79TH AVE.

FILED Feb 21 1997 8:00am Secretary of State



SUITE 400 MIAMI FL 3316	×6	SUITE 400 Miami Fl 33166-6548				•	
MICHIEL TO CO	~				3. Date incorporated or Qualified 08/21/1992	3a. Date of Las 07/30/1996	
2. Principal Pi	lace of Business	2a. Mailing Address		^	4. FEI Number		Applied For
21 6/0 (CULTISUSCO DR.	26 6/0 CUN	SUBC	D Dr	65-0355504		Not Applicable
Suite, Apt	#, etc.	Sulte, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required
City & State	BECHNE Fr.	Sity & State DSE	MUS	FL	Election Campaign Financing Trust Fund Contribution		00 May Be
Zip	Country	Zip	Countr	5	8. This corporation has liability for in		
24 33/	49 25 1175	29 33/49	30 L	ノクロゴ	· · · · · · · · · · · · · · · · · · ·	Yes No	
<u> </u>	. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	Istered Agent	
ALPERT, MARC				Name			
3900 NW 79TH AVE				Ct-oot Addre	one (D.O. Day Number in Not Accountable	In'	
	TE 400		82	OUBBL AGGRE	ess (P.O. Box Number is Not Acceptable	o)	1
	MI FL 33166		83				<u></u>
,,,,,	WIN CE GOLOG		84	City		85 Z	ip Code
						FL 📉	
office or r agent. La	to the provisions of Sections 607.0502 registered agent, or both, in the State of the familiar with, and accept the obligations.	and 607.1508, Florida Statule if Florida. Such change was a ions of, Section 607.0505, Flo	es, the above outhorized by orida (to ut	e-named corporati	oration submits this statement for the property acceptions of directors. I hereby acceptions	t the appointment	as registered
SIGNATURE	Signature typed or printed name or registered agent	and too if applicable (NOTE	: Registered Ag	ent signature requir		141 97	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	D	☐ DELETE	1.1 TITLE			Chang	ge 🛄 Addition
NAME	ALPERT MARC		1.2 NAME				
STREET ADDRESS	3900 NW 79TH AVE., #400		1.3 \$TREE	T ADDRESS			
CHY-SI-ZIP	MIAMI FL		1.4 CiTY - 1	ST - ZIP		······	
TIFLE		☐ DELETE	21 TITLE			☐ Chan	ge [] Addition
NAME			22 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS			
CITY-ST-72			2.4 CITY-	ST-ZIP			
HILE		☐ DELETE	3.1 TITLE		·	☐ Chan	ge 🔲 Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS		•	ļ
CITY-SI-ZIP			3.4. CITY-	ST-ZIP			
TITLE		DELETE	4.1 TITLE			Chan	ge 🔲 Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY - S1 - ZIP			4.4 CITY-	ST-ZIP			
TIIL€		DELETE	5.1 TITLE			Chan-	ge Addition
NAMÉ			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADORESS			
CITY - S1 - 7IP			5.4 CITY-	\$T-21P			
TITLE		☐ DELETE	6.1 TITLE			☐ Chan	ge Addition
NAMÉ			6.2 NAME				
STREET ADDRESS			1	T ADDRESS			
CHY-ST-ZIP	1		6.4 CITY-		•		
	hy certify that the information supplied	with this filing does not qualif			in Section 119.07(3)(i). Florida Statutes	s. I further certify t	hat the

Too nercoy cernly that the information supplied with this minig does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. 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 the true appears in Block 12 or Block 13 if changed, or on an attachment with an address.