

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

**FILED**

**Apr 14 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000046727 (0)**  
 1. Corporation Name  
**FARRAH SHOES, INC.**



Principal Place of Business <b>409 S.E. 7TH STREET FT. LAUDERDALE FL 33301</b>	Mailing Address <b>409 S.E. 7TH STREET FT. LAUDERDALE FL 33301</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1319 NW 40<sup>th</sup> AVENUE</b> Suite, Apt. #, etc. 22	2a. Mailing Address 26 <b>1319 NW 40<sup>th</sup> AVENUE</b> Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified <b>06/15/1995</b>
23 <b>LAUDERHILL, FL</b> City & State 24 <b>33319</b> Zip 25 <b>BROWARD</b> County	28 <b>LAUDERHILL, FL</b> City & State 29 <b>33319</b> Zip 30 <b>BROWARD</b> County	4. FEI Number <b>65-0596768</b> Applied For Not Applicable
9. Name and Address of Current Registered Agent <b>FARIAB, IRAJ 1319 NW 40TH AVENUE LAUDERHILL FL 33319</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
SIGNATURE _____ Signature type of printed name of registered agent and filed applicable (NOTE: Registered Agent signature required when reinstating)		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>FARIAB, IRAJ 1319 NW 40TH AVENUE LAUDERHILL FL 33319</b>		10. Name and Address of New Registered Agent	
B1	Name	B3	
B2	Street Address (P.O. Box Number is Not Acceptable)	B4	City
B5	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 _____		DATE _____	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FARIAB, IRAJ</b>	1.2 NAME	
STREET ADDRESS	<b>1319 N.W. 40TH AVENUE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAUDERHILL FL 33319</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 \_\_\_\_\_ DATE **4/16/98**

CR2E034 (10/97)