

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000070286 (7)
1. Corporation Name
RENAISSANCE JEANS, INC.



Principal Place of Business: **1740 S YOUNG CIR HOLLYWOOD FL 33020**
Mailing Address: **1740 S YOUNG CIR HOLLYWOOD FL 33020**

3. Date Incorporated or Qualified: **09/22/1994**
3a. Date of Last Report: **04/24/1995**
4. FEI Number: **65-0527340**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 27
Zip: 24
Country: 25
Zip: 29
Country: 30

9. Name and Address of Current Registered Agent
~~ZIV, MICHEL~~
~~2004 VAN BUREN ST #4~~
~~HOLLYWOOD FL~~

10. Name and Address of New Registered Agent
81 Name: **HENRY SOUSSAN**
82 Street Address (P.O. Box Number is Not Acceptable): **5707 LIMELICK ROAD**
83
84 City: **FORT LAUDERDALE** FL 85 Zip Code: **33319**

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: **HENRY SOUSSAN** (Signature, typed or printed name of registered agent and title if applicable) DATE: **1/19/96** (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	ZIV, MICHEL
STREET ADDRESS	2004 VAN BUREN ST #4
CITY - ST - ZIP	HOLLYWOOD FL
TITLE	PRESIDENT <input type="checkbox"/> DELETE
NAME	BENSOUSSAN, STEPHANE
STREET ADDRESS	455 SUNNYHANNA DRIVE - BOX 48C
CITY - ST - ZIP	MYRTLE BEACH, SC 29577
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BENSOUSSAN, STEPHANE
2.3 STREET ADDRESS	455 SUNNYHANNA DRIVE / BOX 48C
2.4 CITY - ST - ZIP	MYRTLE BEACH, SOUTH CAROLINA 29577
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	400001744534
5.4 CITY - ST - ZIP	-03/15/96--01042--036
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	***200.00
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Michel Ziv**, MICHEL ZIV, CHAIRMAN. 01-19-96 954/922-5070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)