

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000003755 (6)

1. Corporation Name
GUESS ?, INC.



Principal Place of Business Mailing Address
1444 SOUTH ALAMEDA STREET 1444 SOUTH ALAMEDA STREET
LOS ANGELES CA 90021 LOS ANGELES CA 90021

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		08/18/1993		03/31/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FET Number		Applied For	
22		27		95-3679695		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23		28		<input type="checkbox"/>		5.00 May Be Added to Fees	
Zip		Country		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
24		25		29		30	
25		29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No					

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 607.1506, 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 state if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCIANO, MAURICE	1.2 NAME	
STREET ADDRESS	1444 S. ALAMEDA STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	LOS ANGELES CA 90021	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCIANO, PAUL	2.2 NAME	
STREET ADDRESS	1444 S. ALAMEDA STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	LOS ANGELES CA 90021	2.4 CITY - ST - ZIP	
TITLE	VSD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCIANO, ARMAND	3.2 NAME	
STREET ADDRESS	1444 S. ALAMEDA STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	LOS ANGELES CA 90021	3.4 CITY - ST - ZIP	
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, STANLEY W	4.2 NAME	
STREET ADDRESS	1444 S. ALAMEDA STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	LOS ANGELES CA 90021	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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 13, 1996 (213) 765-5635

Date Daytime Phone

CR2E034 (12/95)