## 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 # F9600006457 (3)

SPACE CLOTHIERS, INC.

## FILED May 07 1997 8:00am Secretary of State



Principal Place of Business Mailing Address					
2090 NW 21ST		2090 NW 21ST ST	· ·		
MIAMI FL 3314		MIAMI FL 33142-7316			
					3. Date Incorporated or Qualified 3a. Date of Last Report 12/10/1996
	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			<b>13-3520092</b> Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	(	8. This corporation has liability for intangible tax under s. 199.032,
24	25	29 30			Florida Statutes 🐼 Yes 🗌 No
0111	9. Name and Address of Curren	t Registered Agent		T	10. Name and Address of New Registered Agent
	SH, HARDEV		81	Name	
	) NW 21ST ST		82 Street Ad		Address (P.O. Box Number is Not Acceptable)
MIAN	VII FL 33142		83		
			03		
			84	City	FL 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 hance of registered agent and title of appointment and					
12.	OFFICERS AND	*	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DCPS		1.1 TITLE		Change Addition
NAME	SINGH, HARDEV	1.	1.2 NAME		
STREET ADDRESS	2090 NW 21ST ST		1.3 STREET	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33142	1.	1.4 CITY-9	ST - 71P	
TITLE	•	□ DEFF1€ 2	2 1 TITLE		DTVP Change Addition
NAME			22 NAME		TAJINDER HAUR
STREET ADDRESS			2 3 STREET	ADDRESS	TAJINDER HAUR 2088-2090 NW 21Al. STREDT MINTH, FL 33142
CITY-ST-ZIP			2 4 CiTY -	S1 · ZIP	MINM, FL 33142
TITLE		L DELETE :	3 1 TITLE		Change Modition
NAME '			3.2 NAME		
STREET ADDRESS			3 3 STAFF	ADDRESS	
CITY-ST-ZIP			3 4. CITY -	S1 · 7IP	
TITLE			4.1 THILE		Change L_Addition
NAME			4. 2 NAME		
STREET ADDRESS				ADDRESS	
CITY-ST-ZIP TITLE			4.4.0(1Y~5	31 - ZIP	Change Add:tion
NAME		· · · · · · · · · · · · · · · · · · ·	5 1 TITLE 5 2 NAME	ļ	L_1 Change L_1 Adoition
STREET ADDRESS				ADDDLCC	
CITY-ST-ZIP			5.4 CITY - S	ADDRESS	
TITLE			5.4 CHIY-3 5.1 TITLE	01 * Z)Y	Change Addition
NAME		•	62 NAME	ļ	
STREET ADDRESS				ADDRESS	
CITY-ST-ZIP			6.4 CITY - S		
AA 1 31 1	<del></del>		en oll the	21. (19)	

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 eath; 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 in annual report.

CIONATURE.

25-02-97

305-594-9198