

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90044 016 ***150.00

DOCUMENT # F98000001764 ✓

1. Corporation Name

LUCKY BRAND DUNGAREES, INC

Principal Place of Business

Mailing Address

4599 DISTRICT BLVD
VERNON CA 90058

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

MARCH 27, 1998

4. FEI Number

95-4363823 ✓

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Leslie Alan Rozencwaig
Rozencwaig & Roth - Cortina
One S.E. Third Avenue Ste 960
MIAMI, FLORIDA 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	* Chief Executive Officer	<input type="checkbox"/> DELETE
NAME	Gene Montezano	
STREET ADDRESS	4599 District Blvd	
CITY-ST-ZIP	VERNON CA 90058	
TITLE	* President	<input type="checkbox"/> DELETE
NAME	BARRY PERLMAN	
STREET ADDRESS	4599 District Blvd	
CITY-ST-ZIP	VERNON CA 90058	
TITLE	Executive Vice President	<input type="checkbox"/> DELETE
NAME	Trent D. Merrill	
STREET ADDRESS	4599 District Blvd	
CITY-ST-ZIP	VERNON CA 90058	
TITLE	Chief Accounting Officer	<input type="checkbox"/> DELETE
NAME	Martha Brodewski	
STREET ADDRESS	4599 District Blvd	
CITY-ST-ZIP	VERNON CA 90058	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Arlene Montezano	
STREET ADDRESS	4599 District Blvd	
CITY-ST-ZIP	VERNON CA 90058	
TITLE	* Also A director	<input type="checkbox"/> DELETE

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Trent D. Merrill

4/17/99

(323) 585-1720

Date

Daytime Phone #

CR2E034 (1/98)