
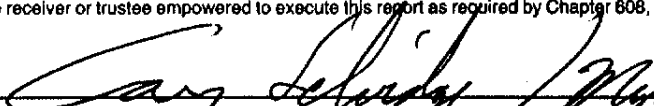


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 FEB -3 PM 2:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
Name and Mailing Address of Limited Liability Company		DOCUMENT # L94000000716			
D'CLASE APPAREL, L.C. 9324 NW 102 ST MEDLEY FL 33178		1a. Principal Place of Business Address 9324 NW 102 ST MEDLEY FL 33178			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2 Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/28/1994	
City & State		City & State		FL	
Zip		Zip		4. FEI Number	
Country		Country		65-0549112	
5. Date of Last Report		6. Certificate of Status Desired		<input type="checkbox"/> Applied For	
03/25/1996		SB 25 Additional Fee Required <input type="checkbox"/>		<input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent		
SELVIDGE, GARY 9324 NW 102 ST MEDLEY FL 33178			Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			0000002079090--3 -02/05/97-01096--020 ***\$403.75 ***\$203.75		
SIGNATURE _____			DATE _____		
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title		Managing Members/Managers		Business Street Address	
MGRM		SELVIDGE, GARY		9324 NW 102 ST	
				MEDLEY FL	
				JB2-4-97	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE:  1/30/97					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER					
Date Daytime Phone #					