


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # M97000000725	
NOVA MENSWEAR, LLC 201 SOUTH SANTA FE AVE., SUITE 104 LOS ANGELES CA 90012		1a. Principal Place of Business Address  201 SOUTH SANTA FE AVE., SUI LOS ANGELES CA 90012	
2. Principal Place of Business 209 9th Street	2a. Mailing Address 209 9th Street	3. Date Organized or Qualified 11/04/1997	3a. State of Formation CA
Suite, Apt. #, etc. Unit C	Suite, Apt. #, etc. Unit C	4. FEI Number 95-4655968	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State Miami Beach, Fl.	City & State Miami Beach, Fl.	5. Date of Last Report	6. Certificate of Status Desired SB 75 Additional Fee Required <input type="checkbox"/>
Zip 33139	Country USA	Zip 33139	Country USA
7. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		8. Name and Address of New Registered Agent/Office Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City FL Zip Code	
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.  SIGNATURE _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	FREHLING, GREGORY M	201 SOUTH SANTA FE AVE., S	LOS ANGELES CA
MGRM	MELILLO, ANTHONY	617 RIDGELEY AVE., SUITE 1	LOS ANGELES CA
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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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Thur., March 5, 1998 385-534-0048

Date

Daytime Phone #