

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000004128 (4)

1. Corporation Name

RUDE JEANS INC.

Principal Place of Business

18584 NE 2 AVENUE
MIAMI FL 33179
US

Mailing Address

18584 NE 2 AVENUE
MIAMI FL 33179
US



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

Country

Country

24

29

9. Name and Address of Current Registered Agent

MAEROVITZ, ROBERT
18585 NE 2ND AVENUE
MIAMI FL 33179

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 607.002 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 obligation of, Section 607.0506, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Agent for Service of Process

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	MAEROVITZ, ROBERT	18584 NE 2ND AVENUE	MIAMI FL	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	5. DELETE	6. CHANGE	7. ADDITION
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	5. DELETE	6. CHANGE	7. ADDITION
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	5. DELETE	6. CHANGE	7. ADDITION
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	5. DELETE	6. CHANGE	7. ADDITION
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	5. DELETE	6. CHANGE	7. ADDITION

14. I do hereby certify that the information supplied within 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; and that my name appears in Block 12 or Block 13 if changed, on this attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT MAEROVITZ

4/12/96 3:05 PM 801

CR2E034 (12/95)