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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

P93000011011 (2)

ROUG	GE CLOTHIERS, INC.			1 10 10 10 10 10 10 10 10 10 10 10 10 10	
Principal Place	of Business	Mailing Address			714 BB(14 9810) 11381 11814 88181 11881 1181 1281
6816 MAIN ST MIAMI ŁAKES FL 33014 6816 MAIN ST MIAMI ŁAKES FL 33014			14		
				3. Date Incorporated or Qualified 02/12/1993	3a. Date of Last Report 01/27/1995
2. Principal Pla	ace of Business	2a. Mailing Address 26		4. FEI Number 65-0386807	Applied For Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for i	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New R	
MIAMI LAKES FL 33014 83 City				doress (P.O. Box Number is Not Acceptable (P.O. Box	FI 85 Zig Coole
11. Pursuant to the provisions of Sections 697,0502 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 Shite 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 lighted or printed name of registered agent and title if applicable. NOTE:					
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	P	1 DECE TE	1. 1 TITLE	+ RESIDENT	Change Addition
NAME	CALAUTTI, ANN		1.2 NAME	REVEE CASE	> 74
STREET ADDRESS	6816 MAIN ST		1.3 STREET ADDRESS	6816 main 57	
CITY-S1-ZIP	MIAMI LAKES FL 33014	-	1.4 CITY - ST - ZIP	miamo LAKO	-T. F 330/4
TITLE		☐ DELETE	2. 1 TITLE		Change Addition
NAME			2 2 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			24 CHY-ST-7IP		
TITLE		☐ DÉLETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3. STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY - ST - ZIP		
TITLE		☐ DELETE	4. 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-S1-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAMÉ			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		

14. I do hereby certify that the information supplied with 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 enhual report or supplementar annual report is true and accurate and that Ty 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 17 if changed, or on an attackment with an address.

5 4 CITY-ST-ZIP

6.3 STREET ADDRESS

6 4 CITY - ST - ZIP

6 1 1 ITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

Change

☐ Addition