

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000029450 (2)**

1. Corporation Name

JUST JEANS, INC.

FILED
96 MAY -1 PM 12: 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**8505 MILLS DR #F-88
MIAMI FL 33183**

Mailing Address

**8505 MILLS DR #F-88
MIAMI FL 33183**

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

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/22/1993

3a. Date of Last Report

05/01/1995

4. FET Number

59-2795599

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 has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**BUELVAS, PABLO
8505 MILLS DR #F-88
MIAMI FL 33183**

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 (5)(2) and 607, 1506, 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, 0506, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent or director

Signature typed or printed name of registered agent or director

Date

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DP
BUELVAS, PABLO
8977 SW 123RD CT #108
MIAMI FL 33186**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DV
PUCHE, REBECA
8977 SW 123RD CT #106
MIAMI FL 33186**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DST
PUCHE, ANTONIO
8977 SW 123RD CT #106
MIAMI FL 33186**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pablo Buevas 1-141-96 (305) 596-2509

CR2E034 (12/95)