

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90281 016 ***150.00

DOCUMENT # P93000029450

1. Corporation Name

JUST JEANS, INC.

Principal Place of Business

Mailing Address

8505 MILLS DR F-88
MIAMI, FL 33183

(SAME)

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4/22/93

4. FEI 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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 8505 MILLS DR

26 8505 MILLS DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 F-88

27 F-88

City & State

City & State

23 MIAMI, FL

28 MIAMI, FL

Zip

Country

Zip

Country

24 33183

25

USA

29 33183

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PABLO BUELVAS

8505 MILLS DR

F-88

MIAMI, FL 33183

81 Name

PABLO BUELVAS

82 Street Address (P.O. Box Number is Not Acceptable)

8505 MILLS DR

83

F-88

84 City

MIAMI, FL

FL

85 Zip Code

33183

11. Pursuant to the provisions of Sections 607.0502 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 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 607.0505, Florida Statutes.

SIGNATURE

PABLO BUELVAS

4-25-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PABLO BUELVAS

STREET ADDRESS 8505 MILLS DR F-88

CITY-ST-ZIP MIA, FL 33183

TITLE ☐ DELETE

NAME REBECA PUCHE

STREET ADDRESS 8505 MILLS DR F-88

CITY-ST-ZIP MIAMI, FL 33183

TITLE ☐ DELETE

NAME ANTONIO PUCHE F-88

STREET ADDRESS 8505 MILLS DR

CITY-ST-ZIP MIA, FL 33183

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I 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 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, with all other like empowered.

SIGNATURE:

PABLO BUELVAS, PRESIDENT

4-25-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)