

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

DOCUMENT # P93000029730  
1. Corporation Name  
Clothing Concepts of America Inc.

Principal Place of Business Mailing Address  
980 Belaire Dr. West  
Pembroke Pines, FL 33027 SAME

2. Principal Place of Business	2a. Mailing Address
21. SAME	26. SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
Country	Country
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

RANDY LEVY  
980 Belaire Dr. West  
Pembroke Pines, FL 33027

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83. City	

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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when terminating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE	PSD	1.1. TITLE	
NAME	LEVY, RANDALL	1.2. NAME	
STREET ADDRESS	980 Belaire Dr. West	1.3. STREET ADDRESS	
CITY-ST-ZIP	Pembroke Pines, FL 33027	1.4. CITY-ST-ZIP	
TITLE	VP	2.1. TITLE	
NAME	Romoff, Brian	2.2. NAME	
STREET ADDRESS	21200 YACHT CLUB DR.	2.3. STREET ADDRESS	
CITY-ST-ZIP	Aventura, FL 33180	2.4. CITY-ST-ZIP	
TITLE		3.1. TITLE	
NAME		3.2. NAME	
STREET ADDRESS		3.3. STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE		4.1. TITLE	
NAME		4.2. NAME	
STREET ADDRESS		4.3. STREET ADDRESS	
CITY-ST-ZIP		4.4. CITY-ST-ZIP	
TITLE		5.1. TITLE	
NAME		5.2. NAME	
STREET ADDRESS		5.3. STREET ADDRESS	
CITY-ST-ZIP		5.4. CITY-ST-ZIP	
TITLE		6.1. TITLE	
NAME		6.2. NAME	
STREET ADDRESS		6.3. STREET ADDRESS	
CITY-ST-ZIP		6.4. CITY-ST-ZIP	

13. TITLE		1.1. TITLE	
1.2. NAME		1.2. NAME	
1.3. STREET ADDRESS		1.3. STREET ADDRESS	
1.4. CITY-ST-ZIP		1.4. CITY-ST-ZIP	
2.1. TITLE		2.1. TITLE	
2.2. NAME		2.2. NAME	
2.3. STREET ADDRESS		2.3. STREET ADDRESS	
2.4. CITY-ST-ZIP		2.4. CITY-ST-ZIP	
3.1. TITLE		3.1. TITLE	
3.2. NAME		3.2. NAME	
3.3. STREET ADDRESS		3.3. STREET ADDRESS	
3.4. CITY-ST-ZIP		3.4. CITY-ST-ZIP	
4.1. TITLE		4.1. TITLE	
4.2. NAME		4.2. NAME	
4.3. STREET ADDRESS		4.3. STREET ADDRESS	
4.4. CITY-ST-ZIP		4.4. CITY-ST-ZIP	
5.1. TITLE		5.1. TITLE	
5.2. NAME		5.2. NAME	
5.3. STREET ADDRESS		5.3. STREET ADDRESS	
5.4. CITY-ST-ZIP		5.4. CITY-ST-ZIP	
6.1. TITLE		6.1. TITLE	
6.2. NAME		6.2. NAME	
6.3. STREET ADDRESS		6.3. STREET ADDRESS	
6.4. CITY-ST-ZIP		6.4. CITY-ST-ZIP	

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\*\*\*\*150.00 \*\*\*\*150.00

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: Randy Levy Pres. 2/6/99 (954) 431-8554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)