

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 # P94000041107 (1)

1. Corporation Name

THE DENIM DEPOT, INC.



Principal Place of Business

Mailing Address

529 N.W. 28TH STREET
MIAMI FL 33127
US

529 NW 28TH STREET
MIAMI FL 33127
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/02/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0497459

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

PORKOLAB, MARTIZA
529 NW 28TH STREET
MIAMI FL 33127

81 Name
PORKOLAB, MARTIZA
82 Street Address (P.O. Box Number is Not Acceptable)
529 N.W. 28TH STREET
83
84 City
MIAMI
85 Zip Code
FL 33127

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 MARITZA PORKOLAB

4/22/96.-

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME PORKOLAS, MARTIZA
STREET ADDRESS C/O 2086 NW 18TH AVENUE
CITY-ST-ZIP MIAMI FL 33142 ☒ DELETE

TITLE STD
NAME DEL TORO, CLAUDIA
STREET ADDRESS C/O 2086 NW 18TH AVENUE
CITY-ST-ZIP MIAMI FL 33142 ☒ 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

1.1 TITLE PRESIDENT
1.2 NAME PORKOLAB, MARTIZA
1.3 STREET ADDRESS 529 N.W. 28TH STREET
1.4 CITY-ST-ZIP MIAMI, FLORIDA 33127 ☒ Change ☐ Addition

2.1 TITLE S
2.2 NAME DEL TORO, CLAUDIA
2.3 STREET ADDRESS 529 N.W. 28TH STREET
2.4 CITY-ST-ZIP MIAMI, FLORIDA 33127 ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

4/22/96.-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)