

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

**FILED**  
**May 09 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000041107 (1)**  
 1. Corporation Name  
**THE DENIM DEPOT, INC.**



Principal Place of Business <b>529 N.W 28TH STREET MIAMI FL 33127 US</b>	Mailing Address <b>529 NW 28TH STREET MIAMI FL 33127-4137 US</b>
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3. Date Incorporated or Qualified <b>06/02/1994</b>		3a. Date of Last Report <b>05/01/1996</b>	
2. Principal Place of Business 21 <b>529 N.W 28TH STREET</b> Suite, Apt. #, etc.		4. FEI Number <b>65-0497459</b>	
22 City & State 23 <b>MIAMI, FLORIDA</b>		Applied For <input type="checkbox"/> Not Applicable	
24 <b>33127</b> 25 <b>DADE</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
26 <b>529 N.W 28TH STREET</b> Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
27 <b>MIAMI, FLORIDA</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
28 <b>MIAMI, FLORIDA</b>			
29 <b>33127</b> 30 <b>DADE</b>			

9. Name and Address of Current Registered Agent <b>PORKOLAB, MARTIZA 529 NW 28TH STREET MIAMI FL 33127</b>				10. Name and Address of New Registered Agent			
81 Name <b>PORKOLAB, MARITZA</b>				82 Street Address (P.O. Box Number is Not Acceptable) <b>529 N.W 28TH STREET</b>			
83				84 City <b>MIAMI</b>			
85 Zip Code <b>FL 33127</b>							

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* DATE: **4-26-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PORKOLAB, MARTIZA</b>		1.2 NAME <b>PORKOLAB, MARITZA</b>	
STREET ADDRESS <b>529 NW 28TH ST</b>		1.3 STREET ADDRESS <b>529 N.W 28TH STREET</b>	
CITY-ST-ZIP <b>MIAMI FL</b>		1.4 CITY-ST-ZIP <b>MIAMI, FLORIDA 33127</b>	
TITLE <b>S</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DEL TORO, CLAUDIA</b>		2.2 NAME <b>MARITZA PORKOLAB</b>	
STREET ADDRESS <b>529 NW 28TH ST</b>		2.3 STREET ADDRESS <b>529 N.W 28TH STREET</b>	
CITY-ST-ZIP <b>MIAMI FL</b>		2.4 CITY-ST-ZIP <b>MIAMI, FLORIDA 33127</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *MARITZA PORKOLAB* DATE: **4-26-97** DAYTIME PHONE #: **573-6200**

CR2E034 (9/96)