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

Mailing Address

1780 NW 20 ST MIAMI FL 33142-7430

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000048280 (9)

CLOTHES R US, INC.

Principal Place of Business

1780 NW 20 ST

MIAMI FL 33142

						06/28/1994		30/1996	eport
2. Principal F	Place of Business	2a. Mailing Address	2a, Mailing Address			4. FEI Number		Ap	plied For
1		26				65-0504314		No	t Applicable
Suite, Apt	#, elc.	Suite, Apt. #, etc	Suite, Apt. #, etc.			Certificate of Status Desired Section			
City & State City & State 23 28						Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country 25	Zip 29	30 Co.	intry		8. This corporation has liability for Florida Statutes		tax under s	199.032,
<u> </u>	9. Name and Address of Cur			1		10. Name and Address of New Re			
DAT				81	Name				
DATWANI, AJIT 1780 NW 20 ST MIAMI FL 33142					Ļ 				
				82	Street Addre	Address (P.O. Box Number is Not Acceptable)			
				63					
					City		FL	85 Zip (Code
office or		ate of Florida. Such change	was authorize	d by	the corporation	pration submits this statement for the on's board of directors. I hereby acce			
SIGNATURE	Stanature: typed or printed name of registered	sound and title d portleghts	(NOTF: Barristere	d Ans	nd signature require	of when reinstating)	DATE		
12.		AND DIRECTORS	13.		an organic	ADDITIONS/CHANGES TO OFFI		D DIRECTOR	RS IN 12
Tille	P	DELET		TLE				Change	Addition
NAME	DATWANI, AJIT		1.2 N	AME					
STREET ADDRESS	1780 NW 20 ST		1.3 S	TREET	ADDRESS				
CHY-ST-ZIP	MIAMI FL				IT-ZIP				
TITLE	S	DELET						Change	Addition
NAME	DATWANI, MANJU		22 N	AME					
STHEET AUDRESS	1780 NW 20TH ST		235	TREET	ADDRESS				
CITY-ST-ZIF	MIAMI FL		1		ST ZIP				
TITLE		DELET						Change	Addition
NIAMET				ABIT	i				

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 changed, or on an attachment with an address.

3.3 STREET ADDRESS 3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADORESS CITY-ST-712

STREET ADORESS

STREET ADDRESS

CHY-ST-ZIP

CHTY - ST - ZIP

NAME

TITLE

TITLE

NAME

DELETE

DELETE

DELETE

Change

Change

Change

Addition

Addition

___ Addition

FILED

Apr 23 1997 8:00am

Secretary of State

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