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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90186 016 \*\*\*150.00

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DOCUMENT # P94000048280	المحجرين سندر يا	. #
CLOTHES R US, INC.		

OLOTTIL	S R US, INC								
Principal Place	e of Business	Mailing Address	***			# 1887188# 119 18111 ATAIL DAI	UB#   UB    #U		18115 0311 1881
7369 NW 8TH S	STREET	7369 NW 8TH STREET							
MIAMI FL 33126   MIAMI FL 33126   US   US   US   US   US   US   US   U				DO NOT WRITE IN THIS SPACE					
US		Ų3				3. Date Incorporated or Quali			
						06/28/1994		•	
2. Principal P	lace of Business	2a, Mailing Address				4, FEI Number		Ap	plied For
21	·	26				65-0504314		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desire	# 🗆	\$8.75	
22		27				5. Certificate of Status Desire		Fee Re	equired
City & Stat	e	City & State				6. Election Campaign Financ	ng 🗆	\$5.00	
23		28				Trust Fund Contribution		Added 1	to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes the	current year Int		
24	25		30	1		Personal Property Tax.	Desistand	☐ Yes	□No
	9. Name and Address of Curren	it Registered Agent		81 1	Name	10. Name and Address of Ne	w Registered	Agent	
DAT	WANI, AJIT		i	"  '	Name				
	NW 8TH STREET			82 5	Street Add	ress (P.O. Box Number is Not Acc	eptable)		j
	MI FL 33126			83					
141171	III 1 E 33 120			65					
				84 (	City		FL	85 Zip (	Code
		0 1007 4500 Ft-21- Ct-1-1-	- 41	<u> </u>		anation submits this statement for		changing its	registered
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was au	thorized	d by the	e corporati	ion's board of directors. I hereby a	ccept the appoi	ntment as re	gistered
SIGNATURE		GIOTIS OI, SECTION GOV.0300, FIOR	da Ciau	oles.			0.75		
SIGNATURE	Signature, typed or printed name of registered ages	nt and title if applicable. (NOTE:	Registered	oles.		ed when reinstating)	DATE OFFICERS AN	ID DIRECTO	
SIGNATURE	Signature, typed or printed name of registered ages	nt and title if applicable. (NOTE:	Registered	d Agent si				ID DIRECTO	
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SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered age:  OFFICERS AN  P DATWANI, AJIT	nt and title if applicable. (NOTE:	Registered 13. 1.1 TO	Agent signification	gnature requir	ed when reinstating)			DRS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered age:  OFFICERS AN P DATWANI, AJIT 7369 NW 8TH STREET	nt and title if applicable. (NOTE:	Registered 13. 1.1 Tr 1.2 N/	Agent signification of the same of the sam	ignature require	ed when reinstating)			DRS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN P DATWANI, AJIT 7369 NW 8TH STREET MIAMI FL 33126	nt and title if applicable. (NOTE:  ID DIRECTORS	Registered 13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CT	Agent signification of the state of the stat	ignature require	ed when reinstating)			DRS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AN P DATWANI, AJIT 7369 NW 8TH STREET MIAMI FL 33126 S	nt and title if applicable. (NOTE:	Registered 13. 1.1 Tr 1.2 N/ 1.3 ST 1.4 Cr 2.1 Tr	TLE AME TREET AL ITY-ST-Z	ignature require	ed when reinstating)		Change	DRS IN 12  ☐ Addition
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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, op on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

199 (305) 545-766(