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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000070286 (7)

1. Corporation Name

RENAISSANCE JEANS, INC.



Principal Place of Business

1740 S YOUNG CIR
HOLLYWOOD FL 33020

Mailing Address

1740 S YOUNG CIR
HOLLYWOOD FL 33020

3. Date Incorporated or Qualified

09/22/1994

3a. Date of Last Report

04/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~ZIV, MICHEL~~
~~2004 VAN BUREN ST #4~~
~~HOLLYWOOD FL~~

81 Name HENRY SOUSSAN

82 Street Address (P.O. Box Number is Not Acceptable)
5707 LIMELITE ROAD

83

84 City FORT LAUDERDALE

FL

85 Zip Code 33319

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

HENRY SOUSSAN

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

1/19/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME ZIV, MICHEL
STREET ADDRESS 2004 VAN BUREN ST #4
CITY-STATE-ZIP HOLLYWOOD FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE PRESIDENT
NAME BENSOUSSAN, STEPHANE
STREET ADDRESS 455 SUNNYHANNA DRIVE - BOX 48C
CITY-STATE-ZIP MYRTLE BEACH, SC 29577

2.1 TITLE PRESIDENT
2.2 NAME BENSOUSSAN, STEPHANE
2.3 STREET ADDRESS 455 SUNNYHANNA DRIVE / BOX 48C
2.4 CITY-STATE-ZIP MYRTLE BEACH, SOUTH CAROLINA 29577

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHEL ZIV, CHAIRMAN. 01-19-96 954/922-5070

Date

Daytime Phone #

CR2E034 (12/95)