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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P94000087736**1. Corporation Name

DENIM U.S.A., INC.

## **FILED** Jan 28, 1999 8:00am **Secretary of State**

01-28-1999 90002 044 \*\*\*150.00



Principal Place	e of Business	Mailing Address								
5811 W. VINE \$	ST.	5811 W. VINE ST.					-			
SUITE 1		SUITE 1			DO NOT WRITE IN THIS SPACE					
KISSIMMEE FL 34746		KISSIMMEE FL 34746			3. Date Incorporated or Qualifed					
						11/29/1994				
• B	least Division in the second s	2a. Mailing Address			<del>-</del> -	4. FEI Number		Ann	lied For	. ,
<b>—</b>	lace of Business	<u> </u>				59-3252534		<u> </u>	Applicable	
21	# -4	Suite, Apt. #, etc.				39 3232334		\$8.75 A		
Suite, Apt.	#, etc.	<del> </del>				5. Certifcate of Status Desired		Fee Rec		
City & Stat		City & State				6. Election Campaign Financing	<del></del>	\$5.00	May Ro	
<b>¬</b> '		28	7			Trust Fund Contribution		Added to		
<b>23</b>   Zip	Country	Zip	Cou	intry		This corporation owes the curr	ent vear Inta			
$\neg$	, <u> </u>	29	30	,		Personal Property Tax.			□No	
24	9. Name and Address of Current	177	1001	1		10. Name and Address of New I	Registered A	gent		
	7 10 10 10 10 10 10 10 10 10 10 10 10 10			81	Name					
,,,,J0S	EPHS, DELROY				Otenat 1 de	on (D.O. Boy Number in Not Assess	abla)		·	
	I W. VINE ST.			82	Street Addre	ss (P.O. Box Number is Not Accept			atitus Brasinkis	
KISS	SIMMEE FL 34746	,		83				1 13111.12		
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	•			84	City	·	FI	85 Zip C	ode	ı
14 Dureuph	(0 " 007.0500	and 607 1508. Florida Statu	ites, the a	bove-	named corpo	ration submits this statement for the	purpose of c	hanging its	registered	
office or r	egistered agent, or both, in the State of	i Florida. Such change was	authorized	J DV I	ne corporatioi	n's board of directors. I hereby acce	pt the appoin	tment as reg	istered	
CE-3 agent. La	m familiar with, and accept the obligation	ons of Section 607.0505, Fi	onua Stat	utos.					•	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered	i Agent	signature required	when reinstating)	DATE		<del></del>	1 2
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	RS IN 12	ڊ ا
TITLE	D	☐ DELETE	1.1 TI	TLE		and the second		☐ Change	Addition	1 3
NAME	JOSEPHS, DELROY		1.2 N	AME					,	1
STREET ADDRESS	5811 W. VINE ST.		1.3 S	TREET	ADDRESS					١
CITY-ST-ZIP	KISSIMMEE FL 34746		1.4 C	ITY-ST-	ZIP					į
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NAME			2.2 N	AME						1
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			5.1 T	MLE				☐ Change	☐ Addition	
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NAME		DELETE			ADDRESS .					15
NAME STREET ADDRESS	÷.	. DELETE	5.3 S			AMILA A Despera				15
NAME	0 403755, 01.7	DELETE	5.3 S	TREET.				. Change	- Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	- 3 - 3G27(元, G2.7 - 564(幸 78年)7	·	5.3 S 5.4 C 6.1 T	TREET.				. Change	- Addition	14.
NAME STREET ADDRESS CITY-ST-ZIP	0 403755, 01.7	·	5.3 S 5.4 C 6.1 T 6.2 N	TREET. TTY-ST TTLE NAME				. Change	☐ Addition	

CITY-ST-ZIP 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 suppliemental annual report is true and an exempted 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 receipt of investment 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 receipt of investment 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 receipt of investment and that my name appears in Block 12 or Block 13 if changed, or or an attaction with an address, with all other like empowered.

SIGNATURE