

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000026496 (6)

1. Corporation Name

SO. BE. JEANS INC.



Principal Place of Business

18584 N.E. 2ND AVENUE
MIAMI FL 33179

Mailing Address

18584 N.E. 2ND AVENUE
MIAMI FL 33179

2. Principal Place of Business

21 18584 NE 2 AVE

Suite, Apt. #, etc.

22 City & State

23 MIAMI FL

24 33179

Country

25 USA

2a. Mailing Address

26 18584 NE 2 AVE

Suite, Apt. #, etc.

27 City & State

28 MIAMI FL

29 33179

Country

30 USA

9. Name and Address of Current Registered Agent

MAEROVITZ, ROBERT
18584 N.E. 2ND AVENUE
MIAMI FL 33179

3. Date Incorporated or Qualified

03/30/1995

3a. Date of Last Report

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Applicable)

83

84 City

FL

85 Zip Code

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 responsibilities of, Section 607.0505, Florida Statutes.

SIGNATURE

ROBERT MAEROVITZ

4.10.96

12. OFFICERS AND DIRECTORS

☐ DELETE

PRESIDENT
ROBERT MAEROVITZ
18584 NE 2 AVE
MIAMI FL 33179

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13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY - ST - ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY - ST - ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY - ST - ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY - ST - ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY - ST - ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY - ST - ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY - ST - ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT MAEROVITZ

Date

Date of Filing

4.10.96 3056520026

CR2E034 (12/95)