

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

FILED
Jun 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morthagt Secretary of State DIVISION OF CORPORATIONS
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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 33179-4427

3. Date Incorporated or Qualified
03/30/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State
MIAMI, FL 33182

Zip
Ph. (305) 948-0517 Fax 0518

24

25

26

Suite, Apt. #, etc.

27

City & State
MIAMI, FL 33182

Zip
Ph. (305) 948-0517 Fax 0518

28

29

Country

30

4. FEI Number

APPLIED FOR 65-0618429

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

So Be Jeans, Inc.
91 N.E. 186th Street
N.M.B., FL 33182
Ph. (305) 948-0517 Fax 0518

81 Name

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

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
MAEROVITZ, ROBERT
18584 N.E. 2ND AVENUE
MIAMI FL 33179

☐ DELETE

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

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

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

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

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

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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 if changed, or on an attachment with an address.

SIGNATURE

CR2E034 (9/96)