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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000085756 (1)

REO JEANS U.S.A. INC.

Principal Place of Business

FILED
May 01 1998 8:00am
Secretary of State

Mailing Address	f bantinat sin inini Atti; antii antii antii antii antii atti area attia a				
P O BOX 3182 ROCKEY BUILDING COLON FREE ZONE COLON. REPUBLIC OF PANAMA	DO NOT WRITE IN THIS SPACE				
OC	3. Date Incorporated or Qualified				

	12 DING COLON FREE ZONE JBLIC OF PANAMA	P O BOX 3192 ROCKEY BUILDING COL COLON. REPUBLIC OF F OC		NE	DO NOT WRITE  3. Date Incorporated or Qualified  11/08/1995	IN THIS SE	ACE	
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	· —		plied For	
26					NOT APPLICABLE			t Applicable
Suite, Apt.	#, e1c.	Suite, Apt. #, etc.			5. Certificate of Status Desired	XIX	\$8.75 / Fee Re	
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1	
Zip 24	Country 25	Zip <b>29</b>	Country 30	у	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.			
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Re	gistered A	gent	
SIL	VERSTEIN, BARRY D		81	Name				
2999 NE 191 STREET STE 704 NO MIAMI BEACH FL 33180			82	82 Street Address (P.O. Box Number is Not Acceptable)				
110	THE SHIP SELECTION IN THE SELECTION		83					
			84	City		FL	<b>85</b> Zip (	Code
	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the o	0502 and 607,1508, Florida Statut date of Florida. Such change was bligations of, Section 607,0505, Fl	tes, the above authorized borida Statute	re-named cor by the corpora is.	poration submits this statement for the patient's board of directors. I hereby acce	ourpose of c pt the appoi	hanging it ntment as	s registered registered
SIGNATURE	Signature, typed or printed name of registers	d agent and title if applicable (NO)	IF Registered Ag	ont signature requ	uired when reinstating)	DATE		
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	D	DELETE	1.1 TITLE			ι	⊥ Change	Addition
NAME	BTESH T., ALBERTO		1.2 NAME					
STREET ADDRESS	P O BOX 3182 N/A	****		T ADDRESS				
CITY+ST-ZIP	COLON, REPUBLIC OF PA	DELETE	1.4 CITY - 2.1 TITLE	ST- ZIP		—т	Change	Addition
TITLE			2.1 MLE 2.2 NAME			_	TI Augusta	7,000,001
NAME STREET ADDRESS				1 ADDRESS				
CITY-ST-ZIP			2. 4 CITY					
TITLE		☐ DELETE	3.1 TITLE	<u> </u>		[	Change	☐ Addition
NAME			3.2 NAME					1
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIP			3 4. CITY -	ST-ZIP			-1	
TITLE		☐ DELETE	4.1 TITLE			L	Change	☐ Addition
Name	I		4. 2 NAME					
STREET ADDRESS			4	T ADDRESS				į
CITY-ST-ZIP		DELETE	4.4 CITY -	ST - ZIP		r	Change	Addition
TITLE		ניין הנרנוך	5.1 TITLE				onange	Rounton
NAME			5.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP TITLE	<u> </u>	DELETE	5.4 CITY - 6.1 TITLE	51-ZIP			Change	Addition
NAME			6.2 NAME					
				T ADDRESS				
STREET ADDRESS			0.5 STREE	HUUNCOO				

14. 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 man already section 19.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certificate in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in S

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