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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000054733 (6)

UNITED STATES JEANS COMPANY, INC.

alast Disco of Dusiness	No. 16 a. A. A. A.	
olpal Place of Business	Mailing Address	
AP 6/71 AYDEST	SEE NE OATH OTDEET	

Principal Place of Business				
\$55 NE 94TH STREET Suite 608				
MIAMI FL 83137-4055	MIAMI FL 33137-4055			
[* }			3. Date Incorporated or Qualified 06/25/1996	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address	ACTOR COMPANY	4. FEI Number	Applied For
<u></u>	<u> </u>	46TH. STREET	65-0675410	Not Applicable
Sulte, Apt. #, etc.	Suite, Apl. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 MIAMI, FL	City & State MIAMI, FL		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032,
	29 33181	30 USA] Yes ☐ No
9. Name and Address of Current Re	egistered Agent		10. Name and Address of New Re	gistered Agent
ALLMAN, ROBERT D		81 Name LUDV	VIG N. LADAS, II	
1821 NE 146TH STREET		82 Street A	ddress (P.O. Box Number is Not Acceptate	ole)
1 MAMI FL 33181		83 1821	N.E. 146TH. STREET	
		03		İ
•		84 City MIAM		FL 85 Zip Code 33181
44 Pursuant to the provisions of Captions 607 0502 ar	nd 607 1609 Elocida Statuto			FL 33181
 Pursuant to the provisions of Sections 607.0502 ar office or registered agent, or both, in the State of F 	lorida. Such change was a	authorized by the corp	oration's board of directors. I hereby accep	pt the appointment as registered
agent. I am familiar with, and accept the obligation	ns of, Section 607.0505, Flo			
SIGNATURE Signature, typed or printed name of registered agent and	d tille if anolicable (NOTE	LUDWIG N. I Registered Agent signature r	ADAS 11	04/16/97
12. OFFICERS AND D		I 13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	DELETE	1.1 TITLE		CERS AND DIRECTORS IN 12 Change X Addition
NAME		1.2 NAME	DPVS	1
STREET ADDRESS		1.3 STREET ADDRESS	LADAS II, LUDWIG N.	gan (
CITY-ST-ZIP		1.4 CITY - ST - ZIP	1821 N.E. 146TH. STRE	E.T. [5
TITLE	DELETE	2.1 TITLE	MIAMI, FL 33181	Change 🔀 Addition
NAME		2.2 NAME	T	ì
STREET ADDRESS		2.3 STREET ADDRESS	ALLMAN, ROBERT	
CITY-ST-ZIP		2. 4 C(1Y - ST - Z(P	1821 N.E. 146TH. STRE	
TILE	☐ DELFTE	3.1 TITLE	MIAMI, FL 33181	Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE		4.1 11TLF		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	4.4 CITY-ST-ZIP		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
DITY-ST-ZIP		5.4 City-ST-ZIP		
TITLE	DELETE	6.1 TITLE		Change Addition
NAME		62 NAME		
STREET ADORESS		6.3 STREET ADDRESS]
CITY-ST-ZIP		6.4 CITY-ST-ZIP		}
14. I do hereby certify that the information supplied wi	th this filing does not qualif		ated in Section 119.07(3)(i), Florida Statute	s. 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

\$12

LUDWIG N. LADAS, II

04/16/97

FILED

Apr 24 1997 8:00am

Secretary of State