## 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 # **P97000062768**1. Corporation Name

DENIM PLUS, INC.

## **FILED** Jan 22, 1999 8:00am **Secretary of State** 01-22-1999 90044 045 \*\*\*150.00



Principal Place of Business Mailing Address					4		AU BAND NON NUMBER	N NORMA INDIA RENI
444 NW 28TH STREET 444 NW 28TH STREET MIAMI FL 33127 MIAMI FL 33127					!	DO NOT WRITE IN TH	IS SPACE	
	•					3. Date Incorporated or Qualifed		
						07/21/1997		
2. Principal Place of Business 2a, Mailing Address						4. FEI Number	Ar	plied For
21 26						65-0769871	<u> </u>	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			<del></del>				\$8.75	
27						5. Certifcate of Status Desired	Fee Re	
City & State	e	City & State	<del></del>			6. Election Campaign Financing	\$5.00	Mav Be
23	The second of th	28				Trust Fund Contribution	Added	
Zip				Country		8. This corporation owes the current year l	ntangible	
24	25 29 30					Personal Property Tax.	∭ Yes	□No
	9. Name and Address of Current					10. Name and Address of New Registere	d Agent ,	
	V TO A SER		- 1	81	Name			ļ
DAHAB, RAMSEY			- H	82	Street Addres	Address (P.O. Box Number is Not Acceptable)		
444 NW 28TH STREET				-	Street Address (F.O. DOX Notificer is Not Acceptable)			
4 A 11 A 4 A	VII FL 33127	Mario S. M. Sarate		83			**	
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	•	•	l'	84	City	F	L   85   Žip (	Code' 1177
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the ab	ove-	named corpor	ation submits this statement for the purpose is board of directors. I hereby accept the app	of changing its	registered .
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida: Such change was au	thorized	by th	ne corporation	's board of directors. I hereby accept the app	ointment as re	gistered
agent, rai	The range of the congain	ina di, decilon doriodod, non	iya Statu	163.		Visitor and the design of		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered A	laent s	signature required w	when reinstating) DATE		
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.	,	-	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	RS IN 12
TITLE	DPST	☐ DELETE	1,1 TITL	.E		11 (18), (1)	☐ Change	Addition
NAME	DAHAB, RAMSEY		1.2 NAM	Æ		14 J.20		
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CITY-ST-ZIP	MIAMI FL 33127		1.4 C(T)					
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STREET ADDRESS					DORESS			
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NAME		•	4. 2 NA					ļ
STREET ADDRESS					ODRESS			
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STREET ADDRESS	The second of th				DORESS			
CITY-ST-ZIP			6.4 CITY	/-ST-2	ZIP			l

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 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, with all other like empowered.

DN- 571-1199.

CR2E034 (11/98)