PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000072295					02-08-1999 90005 050 *****150.00
		012233			
JUST F	OR JEANS, INC.				
Principal Place of Business Mailing Address				****	
16 W. FLAGLER STREET 16 W. FLAGLER STREET					
MIAMI FL 331:	30	MIAMI FL 33130	•		
					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
					08/18/1998
2. Principal Place of Business 2a. Mailing Address					4. FEI Number _ Applied For
21 26					1.5-0865 903 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired S8.75 Additional
22 27					Fee Required
City & State : City & State 28				•	6. Election Campaign Financing \$5.00 May Be
Zip				ry	Trust Fund Contribution Added to Fees
			30	,	8. This corporation owes the current year Intancible Personal Property Tax. No No
	9. Name and Address of Current				10. Name and Address of New Registered Agent
		, ,	8	1 Name	
BITAN, ITZHAK				2 Street Add	dress (P.O. Box Number is Not Acceptable)
MANUEL 2010					
MIAMI FL 33130				3	
				4 City	85 Zip Code
<u> </u>	4-33-6	the second		1	▶ L ∤ │ `
office or i	to the provisions of Sections 607.0502 registered agent, or both, in the State o	and 607.1508, Florida Statute f Florida. Such change was au	s, the abo thorized b	ve-named cor v the corporat	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
agent. i a	am familiar with, and accept the obligation	ons of, Section 607.0505, Flori	da Statute	s.	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. /NOTE: I	Registered Ag	ent signature requir	red when reinstating) DATE
12.	OFFICERS AND		13.	ent aignature rectu	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	Bitan, itzhak		1.2 NAME	:	
STREET ADDRESS	16 W. FLAGLER STREET		1.3 STRE	ET ADDRESS	•
CITY- ST-ZIP	MIAMI_FL 33130		1.4 CITY-	ST-ZIP	
TITLE		DELETE	2.1 TITLE	1	☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREI	ET ADDRESS	
CITY-ST-ZIP		DELETE	2. 4 CITY-		
NAME DE SOL	b. When	- El DELETE	3.1 TITLE 3.2 NAME	ſ	. Change Addition
13 1	《包括台中心》				
STREET ADDRESS	经 基本 特 · 特		3.4. CITY-	ST-ZIP	· · · · · · · · · · · · · · · · · · ·
TITLE		☐ DELETE	4.1 TITLE	*	Change (Change)
NAME			4. 2 NAME	į į	A COLUMN TO THE PROPERTY OF TH
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	4.4 CITY-		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE	TADDRESS	

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 or of an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

C/TY-ST-ZIP

TITLE

NAME

☐ DELETE

☐ Change

☐ Addition

FILED

Feb 08, 1999 8:00am

Secretary of State