FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V21285** **(4)**

1. Corporation Name
HOMBRE CLOTHIER, INC.

Principal Place of Business
3302 W BUFFALO AVE
TAMPA FL 33607

Mailing Address
3302 W BUFFALO AVE
TAMPA FL 33607

3. Date Incorporated or Qualified: **03/13/1992**
3a. Date of Last Report: **09/25/1995**

4. FEI Number: **59-3117713** [ ] 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
MOULING, KATHY L
308 E. M.L.KING BLVD.
#C
TAMPA FL 33603

10. Name and Address of New Registered Agent
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 Section 607.0505(2) and (3), 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. Statement was authorized by the corporation's board of directors. Hereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D [ ] DELETE
NAME	SALEM, FOUAD Y.
STREET ADDRESS	3302 W BUFFALO AVE
CITY-ST-ZIP	TAMPA FL
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	[ ] Change [ ] Addition
1 NAME	
1 STREET ADDRESS	
1 CITY-ST-ZIP	
2 TITLE	[ ] Change [ ] Addition
2 NAME	
2 STREET ADDRESS	
2 CITY-ST-ZIP	
3 TITLE	[ ] Change [ ] Addition
3 NAME	
3 STREET ADDRESS	
3 CITY-ST-ZIP	
4 TITLE	[ ] Change [ ] Addition
4 NAME	
4 STREET ADDRESS	
4 CITY-ST-ZIP	
5 TITLE	[ ] Change [ ] Addition
5 NAME	
5 STREET ADDRESS	
5 CITY-ST-ZIP	
6 TITLE	[ ] Change [ ] Addition
6 NAME	
6 STREET ADDRESS	
6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing, and to the best of my knowledge, believed and does not omit any fact necessary to be stated in order to make the statements made in this report not misleading in light of the circumstances under which they were made, and that this report is true and accurate. I further certify that the information indicated on this report or supplemental report is true and accurate as of the date of my signature. 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 added, relative to this corporation, with the correct title.

SIGNATURE: Fouad Y. Salem 4-4-96 (813) 237-5567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)