

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

FILED

Apr 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 850258 (5)

1. Corporation Name  
MOVADO GROUP, INC.



Principal Place of Business  
125 CHUBB AVE  
4TH FLOOR  
LYNDHURST NJ 07071

Mailing Address  
125 CHUBB AVE  
4TH FLOOR  
LYNDHURST NJ 07071-3574

3. Date Incorporated or Qualified  
08/21/1981

3a. Date of Last Report  
01/31/1996

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

28. Zip

24. Country

29. Country

4. FEI Number  
13-2595932

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLEN, WILLY  
2 ALHAMBRA PLAZA  
CORAL GABLES FL 33134

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERSTEIN, LEONARD	1.2 NAME	
STREET ADDRESS	1776 K STREET, NW	1.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYES-ADAM, MARGARET	2.2 NAME	
STREET ADDRESS	597 FIFTH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORESMA, DONALD	3.2 NAME	
STREET ADDRESS	15 COLUMBUS CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRINBERG, GEDALIO	4.2 NAME	
STREET ADDRESS	125 CHUBB AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LYNDHURST NJ	4.4 CITY-ST-ZIP	
TITLE	TS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REGENBOGEN, HOWARD	5.2 NAME	
STREET ADDRESS	125 CHUBB AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LYNDHURST NJ	5.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRINBERG, EFRAM	6.2 NAME	
STREET ADDRESS	125 CHUBB AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LYNDHURST NJ	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Howard Regenberg* 4/16/97 201-460-4800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)