

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

FILED

**May 28 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 08/21/1981	
4. FEI Number 13-2595932	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WILLEN, WILLY 2 ALHAMBRA PLAZA CORAL GABLES FL 33134	10. Name and Address of New Registered Agent
	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 _____ DATE _____
Signature: typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SILVERSTEIN, LEONARD	1.2 NAME	Howard, Alan
STREET ADDRESS	1776 K STREET, NW	1.3 STREET ADDRESS	11 Madison Avenue
CITY-ST-ZIP	WASHINGTON DC	1.4 CITY-ST-ZIP	New York, NY 10010
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAYES-ADAM, MARGARET	2.2 NAME	Bush, Michael
STREET ADDRESS	597 FIFTH AVE	2.3 STREET ADDRESS	125 Chubb Avenue
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	Lyndhurst, NJ 07071
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORESMAN, 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	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	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	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	

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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

CR2E034 (10/97)