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 # **F93000001389 (6)**

1. Corporation Name

SOCKS & ACCESSORIES BENETTON U.S.A. CORPORATION

Principal Place of Business	Mailing Address
2740 N.W. 104TH COURT MIAMI FL 33172	2740 N.W. 104TH COURT MIAMI FL 33172

3. Date Incorporated or Qualified: **03/16/1993**
3a. Date of Last Report: **06/01/1995**

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:

4. FEI Number: **52-1605550** ☐ 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

DUTOS, MARIE C
834 OCEAN DR #501
MIAMI BCH FL 33139

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 607.0502 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	T/S	☒ Change ☐ Addition
NAME	ZINI, FERNANDO		1.2 NAME	Luciani, Roberto	
STREET ADDRESS	VIA VOLTRUNO 3-INTERNO 22-(OSMANNORO)		1.3 STREET ADDRESS	9501 Fountainbleau Blvd #610	
CITY-ST-ZIP	50019 SESTO FLORENTO-ITALIA		1.4 CITY-ST-ZIP	MIAMI FL 33172	
TITLE	TAS	☐ DELETE	2.1 TITLE	~~T/AS~~	☒ Change ☐ Addition
NAME	LUCIANI, ROBERTO		2.2 NAME	~~Luciani, Roberto~~	
STREET ADDRESS	VIA VOLTRUNO 3 - INTERNO 22-(OSMANNORO)		2.3 STREET ADDRESS	~~9551 Fountainbleau Blvd. #602~~	
CITY-ST-ZIP	50019 SESTO FLORENTINO-ITALI		2.4 CITY-ST-ZIP	~~Miami, FL 33172~~	
TITLE	S	☒ DELETE	3.1 TITLE	VP	☐ Change ☒ Addition
NAME	DUTOS, MARIE C		3.2 NAME	FICHERA GIUSEPPE	
STREET ADDRESS	834 OCEAN DRIVE #501		3.3 STREET ADDRESS	VIA VOLTURNO 3-INT. 22-(OSMANNORO)	
CITY-ST-ZIP	MIAMI BEACH FL 33139		3.4 CITY-ST-ZIP	50019 SESTO FIORENTINO (FI) ITALY	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 added, above with an address.

SIGNATURE: _____ 4/11/96 (305)-594-6661

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