

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLOIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F94000004656 (4)**

1. Corporation Name  
**FILA TRADING, INC.**



Principal Place of Business: 11350 MCCORMICK RD., #1200 HUNT VALLEY MD 21031  
Mailing Address: 11350 MCCORMICK RD., #1200 HUNT VALLEY MD 21031

3. Date Incorporated or Qualified: **09/08/1994**  
3a. Date of Last Report: **06/20/1995**  
4. FEI Number: **52-1876390**  
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

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

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  
**FL**

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

Signature of individual or the name of registered agent and the FEI applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FRACHEY, ENRICO	
STREET ADDRESS	VIALE CESARE BATTISTI, #26	
CITY- ST- ZIP	BIELLA VC ITALY 13051	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	AZARIA, SAMUELE	
STREET ADDRESS	40E 34TH ST., 19TH FLOOR	
CITY- ST- ZIP	NEW YORK NY 10016	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SPAGLIARDI, GIORIO	
STREET ADDRESS	11350 MCCORMICK RD., #1200	
CITY- ST- ZIP	HUNT VALLEY MD 21031	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MORONI, SERGIO	
STREET ADDRESS	11350 MCCORMICK RD., #1200	
CITY- ST- ZIP	HUNT VALLEY MD 21031	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LIEWALD, ROBERT	
STREET ADDRESS	11350 MCCORMICK ROAD 12TH FLOOR	
CITY- ST- ZIP	HUNT VALLEY MD	
TITLE	C	<input type="checkbox"/> DELETE
NAME	SACHS, LISA	
STREET ADDRESS	11350 MCCORMICK RD., #1200	
CITY- ST- ZIP	HUNT VALLEY MD 21031	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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 on an attachment with an address.

SIGNATURE: *Giorgio Spagliardi* (GIORGIO SPAGLIARDI) 1/22/96 (410) 785 7530  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (12/95)