

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	Applied For 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 has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE: PD	NAME: FRACHEY, ENRICO	STREET ADDRESS: VIALE CESARE BATTISTI, #26	CITY-STATE-ZIP: BIELLA VC ITALY 13051	13. 1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD	NAME: AZARIA, SAMUELE	STREET ADDRESS: 40E 34TH ST., 19TH FLOOR	CITY-STATE-ZIP: NEW YORK NY 10016	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V	NAME: SPAGLIARDI, GIORIO	STREET ADDRESS: 11350 MCCORMICK RD., #1200	CITY-STATE-ZIP: HUNT VALLEY MD 21031	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V	NAME: MORONI, SERGIO	STREET ADDRESS: 11350 MCCORMICK RD., #1200	CITY-STATE-ZIP: HUNT VALLEY MD 21031	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP	NAME: LIEWALD, ROBERT	STREET ADDRESS: 11350 MCCORMICK ROAD 12TH FLOOR	CITY-STATE-ZIP: HUNT VALLEY MD	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: C	NAME: SACHS, LISA	STREET ADDRESS: 11350 MCCORMICK RD., #1200	CITY-STATE-ZIP: HUNT VALLEY MD 21031	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Giorgio Spagliardi (GIORGIO SPAGLIARDI) 1/22/96 (410) 785 7530

Date

Daytime Phone #

CR2E034 (12/95)