

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
 Jul 22 1998 8:00am  
 Secretary of State

01.10000

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000004656 (4)**  
 1. Corporation Name  
**FILA TRADING, INC.**



Principal Place of Business <b>14114 YORK ROAD SPARKS MD 21152</b>	Mailing Address <b>14114 YORK ROAD SPARKS MD 21152</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/08/1994</b>	
21		26		4. FEI Number <b>52-1876390</b>	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc. <b>ATTN. TAX Dept</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324</b>				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 <b>FL</b>

11. Pursuant to the provisions of sections 607.0502 and 607.1506, 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	<b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>President/CEO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FRACHEY, ENRICO</b>		1.2 NAME	<b>JOH EPSTEIN</b>	
STREET ADDRESS	<b>VIALE CESARE BATTISTI, #28</b>		1.3 STREET ADDRESS	<b>14114 YORK RD</b>	
CITY-ST-ZIP	<b>BIELLA VC-ITALY-13051</b>		1.4 CITY-ST-ZIP	<b>SPARKS, MD 21152</b>	
TITLE	<b>VO</b>	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AZARIA, SAMUELE</b>		2.2 NAME		
STREET ADDRESS	<b>40E 34TH ST., 19TH FLOOR</b>		2.3 STREET ADDRESS		
CITY-ST-ZIP	<b>NEW YORK NY 10016</b>		2.4 CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPAGLIARDI, GIORGIO</b>		3.2 NAME		
STREET ADDRESS	<b>14114 YORK RD</b>		3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>SPARKS MD 21152</b>		3.4 CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEXTON, DONNA</b>		4.2 NAME		
STREET ADDRESS	<b>14114 YORK ROAD</b>		4.3 STREET ADDRESS		
CITY-ST-ZIP	<b>SPARKS MD 21152</b>		4.4 CITY-ST-ZIP		
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>Exec. VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>UEWALD, ROBERT</b>		5.2 NAME	<b>ALBERTO VERSI</b>	
STREET ADDRESS	<b>14114 YORK ROAD</b>		5.3 STREET ADDRESS	<b>14114 YORK RD</b>	
CITY-ST-ZIP	<b>SPARKS MD 21152</b>		5.4 CITY-ST-ZIP	<b>SPARKS, MD 21152</b>	
TITLE	<b>C</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>CONTROLLER/VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SACHSE, LISA</b>		6.2 NAME	<b>SHARON NOLAND</b>	
STREET ADDRESS	<b>14114 YORK ROAD</b>		6.3 STREET ADDRESS	<b>14114 YORK RD</b>	
CITY-ST-ZIP	<b>SPARKS MD 21152</b>		6.4 CITY-ST-ZIP	<b>SPARKS, MD 21152</b>	

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.

SIGNATURE: *Sandra B. Mortham* 7/17/98 410-777-3469

CR2E034 (5/98)