

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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F94000004656 (4)
 1. Corporation Name
 FILA TRADING, INC.



Principal Place of Business: 14114 YORK ROAD, SPARKS MD 21152
 Mailing Address: 14114 YORK ROAD, SPARKS MD 21152

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/08/1994
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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

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: _____ DATE: 7/13/98 410-779-3469

01.10000

CR2E034 (5/98)