

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 08 1999 8:00 am**  
**Secretary of State**

**DOCUMENT # F94000004656**

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/08/1994**

4. FEI Number

**52-1876390**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business		2a. Mailing Address	
14114 YORK ROAD SPARKS MD 21152 US		14114 YORK ROAD ATTEN: TAX DEPT SPARKS MD 21152 US	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	22. City & State	27. City & State
		23. Zip Country	28. Zip Country
24. Zip	25. Country	29. Zip	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. [Barcode]

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE	PCEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EPSTEIN, JON	1.2 NAME	<b>52-1876390</b>
STREET ADDRESS	14114 YORK RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SPARKS MD 21152	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AZARIA, SAMUELE	2.2 NAME	
STREET ADDRESS	40E 34TH ST., 19TH FLOOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10016	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPAGLIARDI, GIORGIO	3.2 NAME	
STREET ADDRESS	14114 YORK RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SPARKS MD 21152	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEXTON, DONNA	4.2 NAME	
STREET ADDRESS	14114 YORK ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SPARKS MD 21152	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERDI, ALBERTO	5.2 NAME	
STREET ADDRESS	14114 YORK RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SPARKS MD 21152	5.4 CITY-ST-ZIP	
TITLE	CVP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOLAND, SHARON	6.2 NAME	<b>VP ASSIT. SECRETARY</b>
STREET ADDRESS	14114 YORK ROAD	6.3 STREET ADDRESS	<b>STAN MARTINDELL</b>
CITY-ST-ZIP	SPARKS MD 21152	6.4 CITY-ST-ZIP	<b>14114 YORK RD SPARKS, MD 21152-3000</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, with all other like empowered.

SIGNATURE: Stan Martindell **Stan Martindell** 1-6-99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR  
 V.P. ASSIT. SECRETARY  
 Date Daytime Phone #

CR2E034 (1/98)