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95 MAY -1 PM 8:19

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # F94000006155
1. Corporation Name
TRIOMPHE FOURRURES INC.

Principal Place of Business Mailing Address
**333 Seventh Avenue 333 Seventh Ave.
New York, N.Y. 10001 New York, N.Y. 10001**

3. Date Incorporated or Qualified 3a. Date of Last Report
12/01/94

2. Principal Place of Business 2a. Mailing Address
21 26

4. FEI Number Applied For
13-3574114 Not Applicable

22 27
Suite, Apt. #, etc Suite, Apt. #, etc

5. Certificate of Status Desired \$8.75 Additional
Fee Required

23 28
City & State City & State

6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution Added to Fees

24 25 29 30
Zip Country Zip Country

5. This corporation has liability for intangible tax under § 109.002,
Florida Statutes 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 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____
(Signature of the person named as registered agent and the corporation) (Signature of Agent) (Date)

12. OFFICERS AND DIRECTORS

TITLE	PRES / CEO
NAME	Claude Potier
STREET ADDRESS	333 Seventh Ave.
CITY, ST, ZIP	New York, N.Y. 10001
TITLE	SrVP / CFO
NAME	James J. Kelly
STREET ADDRESS	333 Seventh Avenue
CITY, ST, ZIP	New York, N.Y. 10001
TITLE	SECY
NAME	Joel M. Rudell
STREET ADDRESS	415 Madison Ave.
CITY, ST, ZIP	New York, N.Y. 10001
TITLE	C/D
NAME	Michel Chevalier
STREET ADDRESS	333 Seventh Avenue
CITY, ST, ZIP	New York, N.Y. 10001
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

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******200.00 ****200.00**

T.J.S. 5/8/95

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 110 (1)(7)(b), 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 recorder 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 or changed, or on an attachment with an address.

SIGNATURE: *James J. Kelly*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H-26-95 *5/8-41W*