

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000006155 (5)

1. Corporation Name
TRIOMPHE FOURRURES INCORPORATED



Principal Place of Business
**333 SEVENTH AVENUE
NEW YORK NY 10001**

Mailing Address
**333 SEVENTH AVENUE
NEW YORK NY 10001**

3. Date Incorporated or Qualified
12/01/1994

3a. Date of Last Report
05/01/1995

4. FEI Number
13-3574114

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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: **CD** DELETE
NAME: **CHEVALIER, MICHEL**
STREET ADDRESS: **333 SEVENTH AVENUE**
CITY-ST-ZIP: **NEW YORK NY 10001**

TITLE: **PCFO VICE CHAIRMAN-DIRECTOR** DELETE
NAME: **POTIER, CLAUDE**
STREET ADDRESS: **333 SEVENTH AVENUE**
CITY-ST-ZIP: **NEW YORK NY 10001**

TITLE: **S** DELETE
NAME: **RUDELL, JOEL M**
STREET ADDRESS: **415 MADISON AVE.**
CITY-ST-ZIP: **NEW YORK NY 10001**

TITLE: **SRVP** DELETE
NAME: **KELLY, JAMES J**
STREET ADDRESS: **333 7TH AVE**
CITY-ST-ZIP: **NEW YORK NY 10001**

TITLE: **CFO** DELETE
NAME: **KELLY, JAMES J**
STREET ADDRESS: **333 SEVENTH AVENUE**
CITY-ST-ZIP: **NEW YORK NY 10001**

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: **PRES** Change Addition
1.2 NAME: **REBECA DEVIVES**
1.3 STREET ADDRESS: **333 SEVENTH AVE**
1.4 CITY-ST-ZIP: **NEW YORK, NY 10001**

2.1 TITLE: **VP/CFO** Change Addition
2.2 NAME: **RICARDO MORAGOTTA**
2.3 STREET ADDRESS: **333 SEVENTH AVE**
2.4 CITY-ST-ZIP: **NEW YORK, NY 10001**

3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-ST-ZIP:

4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:

5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:

6.1 TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY-ST-ZIP:

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

4/12/96
Date Day/Time Phone #

CR2E034 (12/95)