

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

FILED

**May 21 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F94000006260 (3)

1. Corporation Name
PRESIDIO RETAIL, INC.



Principal Place of Business
**% A/X ARMANI EXCHANGE
55 FIFTH AVE.
NEW YORK NY 10003**

Mailing Address
**%PAVIA & HARCOURT
800 MADISON AVE., 12TH FLOOR
NEW YORK NY 10022-1653**

3. Date Incorporated or Qualified **12/08/1994** 3a. Date of Last Report **05/31/1996**

2. Principal Place of Business 2a. Mailing Address
21 **%A/X ARMANI EXCHANGE** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **55 FIFTH AVENUE** 27
City & State City & State
23 **NEW YORK, NEW YORK** 28
Zip Country Zip Country
24 **10003** 29 **10003** 30

4. FEI Number **13-3798240** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM
1201 HAYS ST., #105
TALLAHASSEE FL 32301**

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. 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	VD	<input type="checkbox"/> DELETE
NAME	HENG, BERNARD	
STREET ADDRESS	241 KENSINGTON HIGH ST.	
CITY - ST - ZIP	LONDON, ENGLAND W88SA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GRAPSTEIN, STEVEN	
STREET ADDRESS	767 3RD AVE.	
CITY - ST - ZIP	NEW YORK NY 10017	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ONG, B S	
STREET ADDRESS	50 CUSCADEN RD., HPL HOUSE	
CITY - ST - ZIP	08-01 SINGAPORE	
TITLE	P	<input type="checkbox"/> DELETE
NAME	M McNALLY, RICHARD	
STREET ADDRESS	3739 CLAY ST.	
CITY - ST - ZIP	SAN FRANCISCO CA 10011	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KALBERER, PATRICIA	
STREET ADDRESS	114 5TH AVE.	
CITY - ST - ZIP	NEW YORK NY 10011	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WONG, VICTOR	
STREET ADDRESS	55 FIFTH AVE.	
CITY - ST - ZIP	NEW YORK NY 10003	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: **SIGNATURE REQUIRED**
VICTOR WONG, VICE PRESIDENT

Date **05-13-97** Daytime Phone # **212-4621151**

CR2E034 (9/96)