

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

**FILED**  
**Feb 03 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000006260 (3)**  
 1. Corporation Name  
**PRESIDIO RETAIL, INC.**



Principal Place of Business <b>% A/X ARMANI EXCHANGE          55 FIFTH AVE.          NEW YORK NY 10003</b>	Mailing Address <b>%A/X ARMANI EXCHANGE          55 FIFTH AVENUE          NEW YORK NY 10003          US</b>
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DO NOT WRITE IN THIS SPACE

<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address
<b>21</b> Suite, Apt #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>25</b> Country	<b>30</b> Country

<b>3.</b> Date Incorporated or Qualified <b>12/08/1994</b>	
<b>4.</b> FEI Number <b>13-3798240</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HENG, BERNARD</b>	1.2 NAME	
STREET ADDRESS	<b>241 KENSINGTON HIGH ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONDON, ENGLAND W86SA</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRAPSTEIN, STEVEN</b>	2.2 NAME	
STREET ADDRESS	<b>767 3RD AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10017</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ONG, B S</b>	3.2 NAME	
STREET ADDRESS	<b>50 CUSCADEN RD., HPL HOUSE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>08-01 SINGAPORE</b>	3.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCNALLY, RICHARD</b>	4.2 NAME	
STREET ADDRESS	<b>3739 CLAY ST.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAN FRANCISCO CA 10011</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KALBERER, PATRICIA</b>	5.2 NAME	
STREET ADDRESS	<b>114 5TH AVE.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10011</b>	5.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WONG, VICTOR</b>	6.2 NAME	
STREET ADDRESS	<b>55 FIFTH AVE.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10003</b>	6.4 CITY-ST-ZIP	

**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: *[Signature]* **VICTOR WONG** **01-08-98** **212 462 1100**

CR2E034 (10/97)