

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000001602 (8)**

1. Corporation Name

MAXMARA RETAIL, LTD.

Principal Place of Business

**530 SEVENTH AVENUE
NEW YORK NY 10018**

Mailing Address

**530 SEVENTH AVENUE
NEW YORK NY 10018**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/28/1997	
21 Suite, Apt. #, etc.	26	4. FEI Number 13-3676407	☐ Applied For ☐ Not Applicable		
22 City & State	27 City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
23 Zip	28 Zip	6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees			
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☒ Yes ☐ No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MARAMOTTI, LUIGI DR	1.2 NAME	
STREET ADDRESS	VIA FRATELLI CERVI 66, REGGIO EMILIA	1.3 STREET ADDRESS	
CITY - ST - ZIP	ITALY	1.4 CITY - ST - ZIP	
TITLE	S ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JABBAR, JANET	2.2 NAME	
STREET ADDRESS	189 SUMMIT AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	CLIFFSIDE PARK NJ 07010	2.4 CITY - ST - ZIP	
TITLE	T ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GLEESON, JOHN D	3.2 NAME	
STREET ADDRESS	107 DWIGHT AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	HILLSDALE NJ 07842	3.4 CITY - ST - ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:

John D. Gleeson 4/27/98 201-722-0650

CR2E034 (10/97)