## FILED 2000 UNIFORM BUSINESS REPORT (UBR) Jan 24, 2000 8:00 am Secretary of State DOCUMENT # 315500 1. Entity Name PERRY ELLIS INTERNATIONAL, INC. 01-24-2000 90052 010 \*\*\*150.00 Mailing Address Principal Place of Business 3000 NW 107TH AVE 3000 NW 107TH AVE MIAMI FL 33172 MIAMI FL 33172-2133 905241 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE -Suite, Apt: #, etc. Applied For City & State City & State 4. FEI Number 59-1162998 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FELDENKREIS.GEORGE Street Address (P.O. Box Number is Not Acceptable) 3000 NW 107TH AVE 3- MIAMI FL 33172 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE EILE:NOW!!!-EEE-IS-\$150.00-9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Efection Campaign Financing-After MAY 1, 2000 Fee will be \$550,00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CHIEF FINANCIAL OFFICER Change TITI F ☐ Delete TITLE FELDENKREIS, OSCAR NAME NEAL NACKMAN NAME STREET ADDRESS STREET ADDRESS 3000 NW 107TH AVE 3000 N.W 107 Ana CITY-ST-ZIP CITY-ST-ZIP MIAMI FL PRESIDENT, LICOUSING DID TITLE □ Delete TITLE FELDENKREIS, GEORGE Allan Zwerner NAME NAME 3000 N.W 107 Are STREET ADDRESS 3000 NW 107TH AVE STREET ADDRESS CITY-ST-7IP F(33172 CITY-ST-ZIP MIAMI FL ☐ Delete Addition ROISMAN, JOSEPH NAME NAME STREET ADDRESS STREET ADDRESS 3000 NW 107TH AVE CITY-ST-ZIP CITY-ST-ZIF **MIAM! FL 33172** Addition TITLE ☐ Delete TITLE HANONO, FANNY STREET ADDRESS 3000 NW 107TH AVE STREET-ADDRESS CITY-ST-ZIP CITY-ST-ZIF MIAMI FL ☐ Delete Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITI F ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH ROISMAN 01/18/00

01/18/00 (305)418-125

Daytime Phone #