

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90024 032 ***150.00

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1. Entity Name

PRADA USA CORP.



Principal Place of Business

50 WEST 57TH STREET
NEW YORK NY 10019

Mailing Address

50 WEST 57TH STREET
NEW YORK NY 10019

2. Principal Place of Business

610 W 52 STREET

Suite, Apt. #, etc.

3. Mailing Address

610 W 52 STREET

Suite, Apt. #, etc.

City & State

NEW YORK, NY

Zip
10019

Country

City & State

NEW YORK, NY

Zip

10019

Country

4. FEI Number

13-3751431

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CD ☐ Delete
NAME DARROW, CONSTANCE
STREET ADDRESS 50 WEST 57TH STREET
CITY-ST-ZIP NEW YORK NY 10019

TITLE V ☐ Delete
NAME GALASSO, RALPH J
STREET ADDRESS 600 MADISON AVENUE
CITY-ST-ZIP NEW YORK NY 10022

TITLE CFO ☐ Delete
NAME RIGHETTI, GIORGIO
STREET ADDRESS 610 W. 52 STREET
CITY-ST-ZIP NEW YORK NY 10019

TITLE S ☐ Delete
NAME GORI-MONTANELLI, RICCARDO
STREET ADDRESS 600 MADISON AVENUE
CITY-ST-ZIP NEW YORK NY 10022

TITLE AS ☐ Delete
NAME FISCHER, CYNTHIA G
STREET ADDRESS 600 MADISON AVENUE
CITY-ST-ZIP NEW YORK NY 10022

TITLE D ☐ Delete
NAME BERTELLI, PATRIZIO
STREET ADDRESS VIA FOGAZZARO, 28
CITY-ST-ZIP MILAN, ITALY 20135

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

G. G. R. / J. { 610 1410 RIGHETTI
C.F.O.

3/29/04 (212) 307-0490