

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005358

Entity Name: COACH LEATHERWARE, FLORIDA, INC.

Current Principal Place of Business:

516 WEST 34TH STREET
NEW YORK, NY 10001

Current Mailing Address:

516 WEST 34TH STREET
NEW YORK, NY 10001 US

FEI Number: 52-2242751

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 US

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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title DIRECTOR
Name LUIS, VICTOR
Address 516 WEST 34TH STREET
City-State-Zip: NEW YORK NY 10001

Title SECRETARY
Name KAHN, TODD
Address 516 WEST 34TH STREET
City-State-Zip: NEW YORK NY 10001

Title CEO
Name LUIS, VICTOR
Address 516 WEST 34TH STREET
City-State-Zip: NEW YORK NY 10001

Title ASST. SECRETARY
Name DE ROOY, CAROLINE
Address 516 WEST 34TH STREET
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR
Name TILENIUS, STEPHANIE
Address 516 WEST 34TH STREET
City-State-Zip: NEW YORK NY 10001

Title VT
Name VO, SUE
Address 516 WEST 34TH STREET
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR
Name NUTI, WILLIAM R.
Address 516 WEST 34TH STREET
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR
Name MENEZES, IVAN
Address 516 WEST 34TH STREET
City-State-Zip: NEW YORK NY 10001

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CAROLINE DE ROOY

ASSISTANT SECRETARY 04/01/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KROPF, SUSAN J.
Address 516 WEST 34TH STREET
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR
Name GUERRA, ANDREA
Address 516 WEST 34TH STREET
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR
Name DENTON, DAVID M.
Address 516 WEST 34TH STREET
City-State-Zip: NEW YORK NY 10001