

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000002397

**Entity Name:** FENDI NORTH AMERICA, INC.

**Current Principal Place of Business:**

555 MADISON AVENUE  
15TH FL.  
NEW YORK, NY 10022

**Current Mailing Address:**

19 EAST 57TH STREET  
5TH FLOOR  
NEW YORK, NY 10022

**FEI Number:** 13-3485176

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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            PRESIDENT, DIRECTOR  
Name            DUBIN, JOANNA  
Address        555 MADISON AVENUE  
                  15TH FL.  
City-State-Zip: NEW YORK NY 10022

Title            CHIEF FINANCIAL OFFICER &  
                  TREASURER  
Name            HIKIBA, VINCENT  
Address        555 MADISON AVENUE  
                  15TH FL.  
City-State-Zip: NEW YORK NY 10022

Title            SECRETARY  
Name            FIRESTONE, LOUISE  
Address        C/O LVMH MOET HENNESSY LOUIS  
                  VUITTON INC.  
                  19 EAST 57TH STREET 5TH FLOOR  
City-State-Zip: NEW YORK NY 10022

Title            CHIEF EXECUTIVE OFFICER,  
                  DIRECTOR  
Name            OLIVERI, GIUSEPPE  
Address        555 MADISON AVENUE  
                  15TH FLOOR  
City-State-Zip: NEW YORK NY 10022

Title            DIRECTOR  
Name            ANISH, MELWANI  
Address        C/O LVMH MOET HENNESSY LOUIS  
                  VUITTON INC.  
                  19 EAST 57TH STREET  
City-State-Zip: NEW YORK NY 10022

Title            VICE PRESIDENT - HR  
Name            NIXON, CHARZETTA NICOLE  
Address        555 MADISON AVENUE  
                  15TH FL.  
City-State-Zip: NEW YORK NY 10022

*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:** LOUISE FIRESTONE

**SECRETARY**

**01/04/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date