


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

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90051 012 \*\*\*158.75

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<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 836584</b> 1. Corporation Name <b>HARRY WINSTON, INC.</b>					
Principal Place of Business <b>718 FIFTH AVENUE NEW YORK NY 10019-4102</b>			Mailing Address <b>718 FIFTH AVENUE NEW YORK NY 10019-4102</b>		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified <b>06/28/1976</b>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number <b>13-1479270</b>	
City & State 23		City & State 28		Applied For Not Applicable	
Zip 24		Country 25		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip 29		Country 30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
9. Name and Address of Current Registered Agent <b>PROSPERI, A. PAUL ESQ 250 S COUNTY RD. PALM BEACH FL 33480</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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	VP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENVENUTO, ROBERT		1.2 NAME		
STREET ADDRESS	718 5TH AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		1.4 CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WINSTON, RICHARD		2.2 NAME		
STREET ADDRESS	718 5TH AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WINSTON, RONALD		3.2 NAME		
STREET ADDRESS	718 5TH AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		3.4 CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHUKAR, HARRY		4.2 NAME		
STREET ADDRESS	718 5TH AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCOTT, ROBERT		5.2 NAME		
STREET ADDRESS	718 FIFTH AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/99 212-245-2000

CR2E034 (11/98)