

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000002271

1. Entity Name
SIXTY USA RETAIL, INC.



Principal Place of Business

**826 LINCOLN ROAD
MIAMI BEACH, FL 33139**

Mailing Address

**2 WALL STREET
C/O CARTER LEDYARD MILBURN LLP
NEW YORK, NY 10005**



08272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0129925

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**

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSSI, RENATO 435 HUDSON STREET NEW YORK, NY 10014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILTZER, MARK 435 HUDSON STREET NEW YORK, NY 10014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DAVIS, H. THOMAS JR 435 HUDSON STREET NEW YORK, NY 10014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT AMERI, MAX 435 HUDSON STREET NEW YORK, NY 10014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRISCHITTA, ROCCO 435 HUDSON STREET NEW YORK, NY 10014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HASSAN, VITTORIO 435 HUDSON STREET NEW YORK, NY 10014

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09/03/04-80002-017 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

8/27/04

Date

(212) 732-3200

Daytime Phone #