PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 SEP 21 PM 2:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F93000001389

1. Corporation Name
SOCKS & ACCESSORIES BENETTON U.S.A. CORPORATION

Principal Place of Business	Mailing Address
2740 N.W. 104TH COURT MIAMI FL 33172	2740 N.W. 104TH COURT MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/16/1993
4. FEI Number: 52-1606550 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $5.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fee
7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / County (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

8. Name and Address of Current Registered Agent

GIUSEPPE FICHERA
834 OCEAN DR 501
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

(31) Name
(32) Street Address (P.O. Box Number is Not Acceptable)
(33)
(34) City FL (35) 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS			13. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FICHERA GIUSEPPE VIA VOLTRUNO 3-INTERNO 22-(OSMANNORO) 50019 SESTO FLORENTO-ITALIA	☐ DELETE	13.1 TITLE / 13.2 NAME / 13.3 STREET ADDRESS / 13.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ZINI, FERNANDO 834 OCEAN DRIVE #501 MIAMI BEACH FL 33139	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BOZZANO, MARIALUISA 11190 SW 69 CT PINECREST FL 33156	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	S/T Lafranco, Cristina 2665 Collins Av 2104 MIAMI, FL 33139	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	TS	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	5/24/99 90010 021 158.75	☐ Change ☐ Addition

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 blanket like empowered.

SIGNATURE: SIGNATURE REQUIRED 01/12/99 305 596 6661
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL WHO SIGNS ABOVE Date Area Code & Daytime Phone Number

CR2E034 (11/96)