

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2000 8:00 am**
Secretary of State

05-01-2000 90007 031 ***150.00

DOCUMENT # F93000001389

1. Entity Name

SOCKS & ACCESSORIES BENETTON U.S.A. CORPORATION**ACCESSORIES & COSMETICS INTERNATIONAL U.S.A. (NAME CHANGE) PENT**

Principal Place of Business

Mailing Address

~~2740 N.W. 104TH COURT~~
~~MIAMI FL 33172~~~~2740 N.W. 104TH COURT~~
~~MIAMI FL 33172-2175~~

2. Principal Place of Business

5959 BISCAYNE BLVD.

3. Mailing Address

200 SOUTH BISCAYNE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 4815

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33137

Country

USA

Zip

33131

Country

USA

4. FEI Number

52-1605550

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIUSEPPE FICHERA**834 OCEAN DR 501****MIAMI BEACH FL 33139**

Name

PIERO SALUSSOLIA

Street Address (P.O. Box Number is Not Acceptable)

200 SOUTH BISCAYNE BLVD. SUITE 4815

City

MIAMI

FL

Zip Code
33131

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/25/009. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~VP~~ ☐ Delete
NAME **FICHERA GIUSEPPE**
STREET ADDRESS **VIA VOLTRUNO 3 INTERNO 22 (OSMANNORO)**
CITY-ST-ZIP **50019 SESTO FLORENTO ITALIA**TITLE ~~VP/STF~~ ☒ Change ☐ Addition
NAME **FICHERA, GIUSEPPE**
STREET ADDRESS
CITY-ST-ZIPTITLE ~~P~~ ☐ Delete
NAME **ZINI, FERNANDO**
STREET ADDRESS **834 OCEAN DRIVE #501**
CITY-ST-ZIP **MIAMI BEACH FL 33139**TITLE **DP** ☐ Change ☐ Addition
NAME **ZINI, FERNANDO**
STREET ADDRESS **VIA VOLTURNO 3 INTERNO 22 (OSMANNORO)**
CITY-ST-ZIP **50029 SESTO FIORENTINO, ITALY**TITLE ~~ST~~ ☒ Delete
NAME **LAFRANCO, CRISTINA**
STREET ADDRESS **25505 COLLINS AV 2104**
CITY-ST-ZIP **MIAMI FL 33139**TITLE **VPTS** ☐ Change ☐ Addition
NAME **FICHERA, GIUSEPPE**
STREET ADDRESS **5599 BISCAYNE BLVD.**
CITY-ST-ZIP **MIAMI, FL. 33137**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 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 11 or Block 12 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 #

GIUSEPPE FICHERA 04/25/00 (305) 373-7016

CR2E034 (9/99)