FILE NOW: FILING FEE AFTER MAY 1 IS $2[illegible]5.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000004938 (7)

1. Corporate Name

MAX MARA, U.S.A., INC.

Principal Place of Business: 530 SEVENTH AVE, NEW YORK NY 10018

Mailing Address: 530 SEVENTH AVE. NEW YORK NY 10018

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/02/1993

3a. Date of Last Report: 06/01/1994

4. FEI Number: 13-3380073 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYES STREET
STE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	C
NAME	MARAMOTTI, LUIGI DR.
STREET ADDRESS	VIA FRATELLI CERVI 66
CITY-ST-ZIP	REGGIO EMILIA, ITALY
TITLE	D
NAME	PICONE, JOSEPH
STREET ADDRESS	912 FIFTH AVE.
CITY-ST-ZIP	NEW YORK NY 10021
TITLE	S
NAME	JABBUR, JANET
STREET ADDRESS	189 SUMMIT AVE.
CITY-ST-ZIP	CLIFFSIDE PARK NJ 07010
TITLE	T
NAME	GLEESON, JOHN
STREET ADDRESS	107 DWIGHT AVE.
CITY-ST-ZIP	HILLSDALE NJ 07642

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition (blank)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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.

SIGNATURE: John D. Gleeson TREASURER — 4/26/95 — 212-302-1221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: John D. Gleeson TREASURER

Date — Daytime Phone #

0396007 FP