

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

FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000001086 (7)

1. Corporation Name
FRETTE, INC.

Principal Place of Business

257 PARK AVE S
NEW YORK NY 10010
US

Mailing Address

257 PARK AVE S
NEW YORK NY 10010
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1994

4. FEI Number

11-2454494

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 owes or has paid the current year intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MOSCA, VITTORIO	
STREET ADDRESS	200 WEST 57TH ST.	
CITY-ST-ZIP	NEW YORK NY 10019	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MAGGI, CAMILLO	
STREET ADDRESS	200 WEST 57TH ST.	
CITY-ST-ZIP	NEW YORK NY 10019	

TITLE	D	<input type="checkbox"/> DELETE
NAME	VERCELLI, ANDREA	
STREET ADDRESS	200 WEST 57TH ST.	
CITY-ST-ZIP	NEW YORK NY 10019	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MOSCA, VITTORIO	
1.3 STREET ADDRESS	257 PARK AVE S.	
1.4 CITY-ST-ZIP	New York NY 10010	

2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MAGGI, CAMILLO	
2.3 STREET ADDRESS	257 PARK AVE S.	
2.4 CITY-ST-ZIP	New York NY 10010	

3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VERCELLI, ANDREA	
3.3 STREET ADDRESS	257 PARK AVE S.	
3.4 CITY-ST-ZIP	New York NY 10010	

4.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CHRISTIANSEN, CHRIS	
4.3 STREET ADDRESS	257 PARK AVE S.	
4.4 CITY-ST-ZIP	New York NY 10010	

5.1 TITLE	VP - FINANCE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CUOPER, SCOTT	
5.3 STREET ADDRESS	257 PARK AVE S.	
5.4 CITY-ST-ZIP	New York NY 10010	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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

SIGNATURE

[Handwritten Signature] 3/24/98

CR2E034 (10/97)