

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

FILED
Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000003036 (0)
 1. Corporation Name
MANRICO CASHMERE U.S.A., INC.



Principal Place of Business 150 WORTH AVE SUITE 224 PALM BEACH FL 33480 US	Mailing Address 81811AST HYMAN STE 206 ASPEN CO 81611 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/10/1994	3a. Date of Last Report 04/24/1996
21. Suite Apt. # etc.	26. 630 E. HYMAN AVE	4. FEI Number 84-1233306	Applied For Not Applicable
22. City & State	27. SUITE 28	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. ASPEN, CO	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. 81611	30. USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**FERGUSON, ROBIN
 1330 MIRACLE STRIP PKWY., UNIT 308
 FT WALTON BEACH FL 32548**

10. Name and Address of New Registered Agent

81 Name	Claudia Calzoni
82 Street Address (P.O. Box Number is Not Acceptable)	c/o Manrico Cashmere
83	150 Worth Avenue, Ste 224
84 City	Palm Beach FL
85 Zip Code	33480

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: **Claudia Calzoni, Secretary** *Claudia Calzoni* 4/21/97
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	CP	<input type="checkbox"/> DELETE
NAME	CALZONI, MANRICO	
STREET ADDRESS	% MANRICO CASHMERE, 200 S. MILL ST.	
CITY-ST-ZIP	ASPEN CO 81611	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	CALZONI, CLAUDIA	
STREET ADDRESS	% MANRICO CASHMERE, 200 S. MILL ST.	
CITY-ST-ZIP	ASPEN CO 81611	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 do 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 in an attachment with an address.

SIGNATURE: *Claudia Calzoni* **CLAUDIA CALZONI** 4/21/97 970-920-1394
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)