

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

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Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra D. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000005756 (1)

1. Corporation Name

MOVADO COMPANY STORE

Principal Place of Business 125 CHUBB AVENUE LYNDHURST NJ 07071	Mailing Address 125 CHUBB AVENUE LYNDHURST NJ 07071-3504
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3. Date Incorporated or Qualified 11/07/1994	3a. Date of Last Report 07/03/1996
4. FEI Number 22-3265857	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
SUITE 105
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHALEN, DAVID	1.2 NAME	
STREET ADDRESS	125 CHUBB AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LYNDHURST NJ 07071	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHNO, TIMOTHY F	2.2 NAME	
STREET ADDRESS	125 CHUBB AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LYNDHURST NJ 07071	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REGENBOGEN, HOWARD	3.2 NAME	
STREET ADDRESS	125 CHUBB AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LYNDHURST NJ 07071	3.4 CITY-ST-ZIP	
TITLE	C	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRINBERG, GEDALIO	4.2 NAME	
STREET ADDRESS	125 CHUBB AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LYNDHURST NJ 07071	4.4 CITY-ST-ZIP	
TITLE	VC	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRINBERG, EFRAM	5.2 NAME	
STREET ADDRESS	125 CHUBB AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LYNDHURST NJ 07071	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERSTEIN, LEONARD	6.2 NAME	
STREET ADDRESS	1776 K STREET NW	6.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	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 on an attachment with an address.

SIGNATURE:

Howard Regenbogen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone