

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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90062 016 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|----------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

DOCUMENT # F94000006313

1. Corporation Name
PRESIDIO INTERNATIONAL, INC.

| | |
|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Principal Place of Business ARMANI EXCHANGE 55 FIFTH AVE. NEW YORK NY 10003 | Mailing Address C/O PAVIA & HARCOURT 600 MADISON AVE., 12TH FLOOR NEW YORK NY 10022-1653 |
|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------------|---------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 PRESIDIO INTERNATIONAL | 4. FEI Number 13-3785695 | Applied For Not Applicable |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 56 FIFTH AVE 16 TH FL | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| City & State 23 | City & State 28 NEW YORK, NY 10003 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| Zip 24 | Country 25 | Zip 29 10003 | Country 30 |

3. Date Incorporated or Qualified
12/12/1994

7. This corporation owes the current year Intangible Personal Property Tax. Yes No

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 | |
| 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------------------------|
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | ONG, B.S. |
| STREET ADDRESS | 50 CUSADEN RD., HPL HOUSE |
| CITY-ST-ZIP | SINGAPORE 08-01 |
| TITLE | V <input type="checkbox"/> DELETE |
| NAME | GRAPSTEIN, STEVEN |
| STREET ADDRESS | 767 THIRD AVENUE |
| CITY-ST-ZIP | NEW YORK NY 10017 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | KALBERGER, PATRICIA |
| STREET ADDRESS | 114 FIFTH AVENUE |
| CITY-ST-ZIP | NEW YORK NY |
| TITLE | V <input type="checkbox"/> DELETE |
| NAME | WONG, VICTOR |
| STREET ADDRESS | 55 FIFTH AVE. |
| CITY-ST-ZIP | NEW YORK NY 10003 |
| TITLE | VD <input type="checkbox"/> DELETE |
| NAME | HENG, BERNARD |
| STREET ADDRESS | 241 KENSINGTON HIGH ST. |
| CITY-ST-ZIP | LONDON, ENGLAND W86SA |
| TITLE | V <input type="checkbox"/> DELETE |
| NAME | WONG, VICTOR |
| STREET ADDRESS | 55 FIFTH AVENUE |
| CITY-ST-ZIP | NEW YORK NY 10003 |

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 checked="" 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 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, with all other like empowered.

SIGNATURE: *SIGNATURE* DATE: **04/26/99** DAYTIME PHONE #: **812 462 1151**

CR2E034 (11/98)