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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000000270 (7)**

1. Corporation Name
CHRISTIAN LACROIX, INC.

Principal Place of Business	Mailing Address
712 FIFTH AVE NEW YORK NY 10019 US	712 FIFTH AVE NEW YORK NY 10019 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/17/1995

4. FEI Number: 13-3592646 ☐ 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	2a. Mailing Address
21 29 WEST 57TH ST	26 29 WEST 57TH ST
22 Suite, Apt. #, etc. 11TH FLR.	27 Suite, Apt. #, etc. 11TH FLR.
23 City & State NY, NY	28 City & State NY, NY
24 Zip 10019 25 Country	29 Zip 10019 30 Country

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM INC
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 official capacity (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	☒ DELETE	1.1 TITLE	C	☐ Change ☒ Addition
NAME	GODE, PIERRE		1.2 NAME	DANIEL PIETTE	
STREET ADDRESS	712 FIFTH AVE.		1.3 STREET ADDRESS	29 WEST 57TH ST	
CITY-ST-ZIP	NEW YORK NY 10019		1.4 CITY-ST-ZIP	NY, NY 10019	
TITLE	D	☒ DELETE	2.1 TITLE	P	☐ Change ☒ Addition
NAME	GROS, CLAUDE		2.2 NAME	SERGE MARX	
STREET ADDRESS	712 FIFTH AVE.		2.3 STREET ADDRESS	29 WEST 57TH ST	
CITY-ST-ZIP	NEW YORK NY 10019		2.4 CITY-ST-ZIP	NY, NY 10019	
TITLE	VD	☒ DELETE	3.1 TITLE	VP	☐ Change ☒ Addition
NAME	GRIMAUD, EMMANUEL		3.2 NAME	CAROLINE LEBORGNE	
STREET ADDRESS	712 FIFTH AVE.		3.3 STREET ADDRESS	29 WEST 57TH ST	
CITY-ST-ZIP	NEW YORK NY 10019		3.4 CITY-ST-ZIP	NY, NY 10019	
TITLE	PD	☒ DELETE	4.1 TITLE	S	☐ Change ☒ Addition
NAME	BENSOUSSAN-TORRES, ROBERT		4.2 NAME	ANNA HAYES LEVIN	
STREET ADDRESS	712 FIFTH AVE.		4.3 STREET ADDRESS	2 PARK AVE SOUTH STE 1830	
CITY-ST-ZIP	NEW YORK NY 10019		4.4 CITY-ST-ZIP	NY, NY 10016	
TITLE	V	☒ DELETE	5.1 TITLE	T	☐ Change ☒ Addition
NAME	LETRILLIART, THIERRY		5.2 NAME	GARY S. PARKER	
STREET ADDRESS	712 FIFTH AVE.		5.3 STREET ADDRESS	888 SEVENTH AVE	
CITY-ST-ZIP	NEW YORK NY 10019		5.4 CITY-ST-ZIP	NY, NY 10106	
TITLE	TCFO	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LE BORGNE, CAROLINE		6.2 NAME		
STREET ADDRESS	712 FIFTH AVE.		6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10019		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: _____ 4/28/98

CR2E034 (10/97)