

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 12 1997 8:00am
Secretary of State

DOCUMENT # F96000005924 (3)

1. Corporation Name
MANIFATTURE ASSOCIATE CASHMERE U.S.A., INC.

Principal Place of Business
225 W. 34TH ST., #405
NEW YORK NY 10122

Mailing Address
225 W. 34TH ST., #405
NEW YORK NY 10122-0405

3. Date Incorporated or Qualified
11/13/1996

3a. Date of Last Report

2. Principal Place of Business

21 745 FIFTH AVENUE

Suite, Apt. #, etc.
22 SUITE #3100

City & State
23 NEW YORK, N.Y.

Zip
24 10151

Country
25 NEW YORK

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State
28

Zip
29

Country
30

4. FEI Number
13-3229105

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 has liability for intangible tax under s. 199.032,
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

BAUMGARTNER, SHERRY
228 WORTH AVE.
PALM BEACH FL 33480

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
NAME
STREET ADDRESS
CITY- ST- ZIP
PDC
CANESSA, ALFREDO
PIAZZA 5 MARIA A MARIGNOLLE
FIRENZE ITALY JORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
V
LEONARDI, LUIGI
99 BUCKHAVEN HILL
UPPER SADDLE RIVER NJ 07458

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
S
ANICHINI, SIMONE
VIA MONTALBANO 3/C
FIRENZE ITALY 50100

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
T
MARCHUCK, LAWRENCE
374 PIPING ROCK RD.
SEAFORD NY 11783

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
GINATTA, FRANCO
VIA ROMA 3
GENOVA ITALY 16121

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
PASSADORE, FRANCESCO
4 VIA AICARDO
MILANO ITALY 20121

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP
Change Addition

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: *L. Marchuck* LAWRENCE MARCHUCK, TREAS. 4/30/97 (212) 947-4588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0005886

CR2E034 (9/96)