


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

FILED  
May 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000005924 (3)**

1. Corporation Name

**MANIFATTURE ASSOCIATE CASHMERE U.S.A., INC.**

Principal Place of Business

**745 FIFTH AVE  
SUITE #3100  
NEW YORK NY 10151  
US**

Mailing Address

**225 W. 34TH ST., #405  
NEW YORK NY 10122**



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> <b>11/13/1996</b>	
<b>21</b>	Suite, Apt. #, etc.	<b>26</b>	<b>745 Fifth Avenue</b>	<b>4. FEI Number</b> <b>13-3229105</b>	Applied For <input type="checkbox"/> Not Applicable
<b>22</b>	City & State	<b>27</b>	<b>#3100</b>	<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>23</b>	City & State	<b>28</b>	<b>New York, NY</b>	<b>6. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>24</b>	Zip	<b>29</b>	<b>10151</b>	<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE	<b>PDC</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CANESSA, ALFREDO</b>	1.2 NAME	
STREET ADDRESS	<b>PIAZZA 5 MARIA A MARIGNOLLE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FIRENZE ITALY J0R3</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEONARDI, LUIGI</b>	2.2 NAME	
STREET ADDRESS	<b>99 BUCKHAVEN HILL</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>UPPER SADDLE RIVER NJ 07458</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANICHINI, SIMONE</b>	3.2 NAME	
STREET ADDRESS	<b>VIA MONTALBANO 3/C</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FIRENZE ITALY 50100</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARCHUCK, LAWRENCE</b>	4.2 NAME	
STREET ADDRESS	<b>374 PIPING ROCK RD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEAFORD NY 11783</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GINATTA, FRANCO</b>	5.2 NAME	
STREET ADDRESS	<b>VIA ROMA 3</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GENOVA ITALY 16121</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PASSADORE, FRANCESCO</b>	6.2 NAME	
STREET ADDRESS	<b>4 VIA AICARDO</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MILANO ITALY 20121</b>	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

*[Signature]*

4/29/98

(212) 753-7015

CR2E034 (10/97)