

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 21, 1999 8:00 am**  
**Secretary of State**

07-21-1999 90005 001 \*\*\*558.75

DOCUMENT # **F96000005924**

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  
**745 FIFTH AVENUE  
3100  
NEW YORK NY 10151  
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	<b>11/13/1996</b>
4. FEI Number	<b>13-3229105</b>
Applied For	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation owes the current year Intangible Personal Property.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>ALREADY PAID</b>

2. Principal Place of Business	2a. Mailing Address
21 <b>85 FIFTH AVE.</b>	26 <b>85 FIFTH AVE.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 <b>SIXTH FLOOR</b>	27 <b>SIXTH FLOOR</b>
City & State	City & State
23 <b>NEW YORK, N.Y.</b>	28 <b>NEW YORK, N.Y.</b>
Zip	Zip
24 <b>10003</b>	29 <b>10003</b>
Country	Country
25 <b>U.S.</b>	30 <b>U.S.</b>

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 <b>ISIS GONZALEZ</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>228 NORTH AVE.</b>
83
84 City <b>PALM BEACH</b> FL 85 Zip Code <b>33480</b>

11. Pursuant to the provisions of sections 607.0504 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 **ISIS GONZALES** DATE **6/7/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PDC CANESSA, ALFREDO</b>
STREET ADDRESS	<b>PIAZZA 5 MARIA A MARIGNOLLE</b>
CITY-ST-ZIP	<b>FIRENZE ITALY JOR3</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>V LEONARDI, LUIGI</b>
STREET ADDRESS	<b>99 BUCKHAVEN HILL</b>
CITY-ST-ZIP	<b>UPPER SADDLE RIVER NJ 07458</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>S ANICHINI, SIMONE</b>
STREET ADDRESS	<b>VIA MONTALBANO 3/C</b>
CITY-ST-ZIP	<b>FIRENZE ITALY 50100</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>T MARCHUCK, LAWRENCE</b>
STREET ADDRESS	<b>374 PIPING ROCK RD.</b>
CITY-ST-ZIP	<b>SEAFORD NY 11783</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D GINATTA, FRANCO</b>
STREET ADDRESS	<b>VIA ROMA 3</b>
CITY-ST-ZIP	<b>GENOVA ITALY 16121</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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	<b>TREASURER &amp; SECRETARY</b> <input checked="" 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.

SIGNATURE **Marchuck** **6/7/99**

CR2E034 (5/99)