

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90220 019 ***150.00

DOCUMENT # F97000001602

1. Corporation Name

MAXMARA RETAIL, LTD.

Principal Place of Business

530 SEVENTH AVENUE
NEW YORK NY 10018

Mailing Address

530 SEVENTH AVENUE
NEW YORK NY 10018

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/28/1997

2. Principal Place of Business

21 716 WORTH AVE

2a. Mailing Address

26 295 NORTH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 PALM BEACH, FL.

24 Zip 37480 25 County

27 City & State

28 TELEBORO, N.J.

29 Zip 07608 30 Country

4. FEI Number

13-3676407

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 the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
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

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 C
NAME MARAMOTTI, LUIGI DR
STREET ADDRESS VIA FRATELLI CERVI 66, REGGIO EMILIA
CITY-ST-ZIP ITALY

TITLE S
NAME JABBUR, JANET
STREET ADDRESS 189 SUMMIT AVENUE
CITY-ST-ZIP CLIFFSIDE PARK NJ 07010

TITLE T
NAME GLEESON, JOHN D
STREET ADDRESS 107 DWIGHT AVENUE
CITY-ST-ZIP HILLSDALE NJ 07642

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE
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:

John D. Gleeson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99

201-787-0650
Date Daytime Phone #

CR2024-11/98