SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 JUL 25 AM 8 29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P18471** **(3)**

1. Corporation Name

ESCADA (USA) INC.

Principal Place of Business	Mailing Address
ESCADA 218 WORTH AVENUE PALM BEACH FL 33480 US	10 MULHOLLAND DRIVE RETAIL ACCOUNTING DEPT. HASBROUCK HEIGHTS NJ 07604 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/18/1988
3a. Date of Last Report: 04/15/1994
4. FEI Number: 13-3392503 ☐ 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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SVD	11 TITLE	SECRETARY, ASSISTANT	☑ Change ☐ Addition
NAME	CHIMEL, RITA	12 NAME	CHIMEL, RITA	
STREET ADDRESS	10 MULHOLLAND DR	13 STREET ADDRESS	10 MULHOLLAND DRIVE	
CITY-ST-ZIP	HASBROUCK HEIGHTS NJ	14 CITY-ST-ZIP	HASBROUCK HEIGHTS, NJ 07604	
TITLE	PD	21 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	LANIAK, PETER	22 NAME	FRASCH, RONALD	
STREET ADDRESS	300 E. 62ND ST.	23 STREET ADDRESS	10 MULHOLLAND DRIVE	
CITY-ST-ZIP	N.Y N.	24 CITY-ST-ZIP	HASBROUCK HEIGHTS, NJ 07604	
TITLE	VD	31 TITLE	EXECUTIVE VICE PRESIDENT	☑ Change ☐ Addition
NAME	DEPARIS, LAWRENCE C.	32 NAME	DE PARIS, LAWRENCE C.	
STREET ADDRESS	318 WEST END AVE.	33 STREET ADDRESS	10 MULHOLLAND DRIVE	
CITY-ST-ZIP	RIDGEWOOD NJ	34 CITY-ST-ZIP	HASBROUCK HEIGHTS, NJ 07604	
TITLE	V	41 TITLE		☐ Change ☐ Addition
NAME	ORANS-MARSHALL, JAIMEE	42 NAME		
STREET ADDRESS	10 MULHOLLAND DR	43 STREET ADDRESS		
CITY-ST-ZIP	HASBROUCK HEIGHTS NJ	44 CITY-ST-ZIP		
TITLE	V	51 TITLE		☐ Change ☐ Addition
NAME	REBILLET, GILBERT	52 NAME		
STREET ADDRESS	10 HULHOLLAND DR	53 STREET ADDRESS		
CITY-ST-ZIP	HASBROUCK HEIGHTS NJ	54 CITY-ST-ZIP		
TITLE	T	61 TITLE		☐ Change ☐ Addition
NAME	MARQUES, CHRIS	62 NAME		
STREET ADDRESS	10 MULHOLLAND DR	63 STREET ADDRESS		
CITY-ST-ZIP	HASBROUCK HEIGHTS NJ	64 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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] 7/18/95 (201) 462-4402
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0178350 FN