

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P21192 (0)

1. Corporation Name
ETIENNE AIGNER, INC.



Principal Place of Business: 47 BRUNSWICK AVENUE EDISON NJ 08818 US
Mailing Address: 47 BRUNSWICK AVENUE EDISON NJ 08818 US

3. Date Incorporated or Qualified: 10/06/1988
3a. Date of Last Report: 03/08/1995

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

4. FEI Number: 13-3473483
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
**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CEOP	<input type="checkbox"/> DELETE
NAME	CHAVEZ, ROBERT	
STREET ADDRESS	712 FIFTH AVENUE	
CITY-STATE-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOWLING, SEAN	
STREET ADDRESS	1 ST ANDREW'S COURT	
CITY-STATE-ZIP	OXFORDSHIRE, ENGLAND	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	CANGEMI, MICHAEL P	
STREET ADDRESS	47 BRUNSWICK AVE.	
CITY-STATE-ZIP	EDISON NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOUSMAN, ELIE	
STREET ADDRESS	535 MADISON AVE	
CITY-STATE-ZIP	NEW YORK NY	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ENGROS, CHARLES	
STREET ADDRESS	101 PARK AVE	
CITY-STATE-ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-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-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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)(k), 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: Michael P. Cangemi SIGNING OFFICER OR DIRECTOR
Date: 2/29/96 (908) 248-9200 Daytime Phone #

CR2E034 (12/95)