SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P32892 (2)

1. Corporation Name
G.A.P.B., INC.

Principal Place of Business:
243 WORTH AVENUE
C/O GIORGIO ARMANI
PALM BEACH FL 33480
US

Mailing Address:
243 WORTH AVENUE
C/O GIORGIO ARMANI
PALM BEACH FL 33480
US

2. Principal Place of Business
21 |
22 Suite, Apt. #, etc.
23 City & State
24 Zip | 25 County

2a. Mailing Address
26 |
27 Suite, Apt. #, etc.
28 City & State
29 Zip | 30 Country

3. Date Incorporated or Qualified: 02/20/1991
3a. Date of Last Report: 05/31/1995
4. FEI Number: 13-3564548 — [ ] 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 has liability for intangible tax under s. 199.023, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA 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 ______________________

12. OFFICERS AND DIRECTORS

TITLE	PCD	[ ] DELETE
NAME	ARMANI, GIORGIO	
STREET ADDRESS	114 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	S	[ ] DELETE
NAME	WALES, GWYNNE H.	
STREET ADDRESS	%1155 AVE. OF THE AMER.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	T	[ ] DELETE
NAME	CAMPANILE, CATHERINE	
STREET ADDRESS	114 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
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 — [ ] Change [ ] Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP — [ ] Change [ ] Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP — [ ] Change [ ] Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP — [ ] Change [ ] Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP — [ ] Change [ ] Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP — [ ] Change [ ] Addition

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-08/21/96--01091--014
***375.00

14. I hereby certify that the corporation ... qualify for the exemption stated in Section 119.07 ... I further certify that the information indicated on this report or supplemental 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] — 8-21-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

676-86 212-366-9720

CR2E034 (3/96)