

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

FILED
May 15, 1999 8:00 am
Secretary of State

05-15-1999 90025 031 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P35826
 1. Corporation Name
 EUROPEAN COLLECTIONS OUTLET, INC

Principal Place of Business
 Mailing Address
 ONE AMERICAN WAY
 SECAUCUS, NJ 07094

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	13-3253945	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		<input type="checkbox"/> \$5.00 - May Be Added to Fees
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	
23	28		
Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24	25	29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
The Prentice - Hall Corp System Inc. 1201 Hays St, Suite 105 Tallahassee, FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	HONG J HAN
STREET ADDRESS		1.3 STREET ADDRESS	ONE AMERICAN WAY
CITY - ST - ZIP		1.4 CITY - ST - ZIP	SECAUCUS NJ 07094
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	CHRIS HAN
STREET ADDRESS		2.3 STREET ADDRESS	ONE AMERICAN WAY
CITY - ST - ZIP		2.4 CITY - ST - ZIP	SECAUCUS NJ 07094
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	SUE KIM
STREET ADDRESS		3.3 STREET ADDRESS	ONE AMERICAN WAY
CITY - ST - ZIP		3.4 CITY - ST - ZIP	SECAUCUS, NJ 07094
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	HOWARD D BADER
STREET ADDRESS		4.3 STREET ADDRESS	1450 BROADWAY 14 FL,
CITY - ST - ZIP		4.4 CITY - ST - ZIP	NEW YORK NY 10018
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	GLORIA GELFAND
STREET ADDRESS		5.3 STREET ADDRESS	561 SEVENTH AVENUE
CITY - ST - ZIP		5.4 CITY - ST - ZIP	NEW YORK NY 10018
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	MICHAEL A NUSSBAUM
STREET ADDRESS		6.3 STREET ADDRESS	80-57 233 ROAD
CITY - ST - ZIP		6.4 CITY - ST - ZIP	HOLLIS HILLS, NY 11427

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: X Chris Han CHRIS HAN, CFO 3/16/99 (201) 370-1800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)