

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

CORPORATION ANNUAL REPORT 1995

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



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 95 JAN 18 PM 2:33

DOCUMENT # **P36598** (1)
 1. Corporation Name
ELLESSE U.S.A., INC.

Principal Place of Business Mailing Address
7000 W. PALMETTO PARK RD. STE. 600 BOCA RATON FL 33433
7000 W. PALMETTO PARK RD. STE. 600 BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/05/1991		3a. Date of Last Report 05/01/1994	
2. Principal Place of Business 21		2b. Mailing Address 26	
4. FEI Number 13-2999688		Applied For Not Applicable	
22. Suite, Apt #, etc.		27. Suite, Apt #, etc.	
23. City & State		28. City & State	
24. Zip		29. Zip	
25. Country		30. Country	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City FL B5 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 in printed name of registered agent and filed agent, date) (Date) (Registered Agent signature required when registering) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTICE, HOMER I.	1.2 NAME	
STREET ADDRESS	7000 W. PALMETTO PARK RD., STE. 600	1.3 STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL 33433	1.4 CITY, ST, ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTICE, CAROLE J.	2.2 NAME	
STREET ADDRESS	7000 W. PALMETTO PARK RD., STE. 600	2.3 STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL 33433	2.4 CITY, ST, ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, ELAINE A.	3.2 NAME	
STREET ADDRESS	7000 W. PALMETTO PARK RD., STE. 600	3.3 STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL 33433	3.4 CITY, ST, ZIP	
TITLE	STD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, PAUL N.	4.2 NAME	
STREET ADDRESS	7000 W. PALMETTO PARK RD., STE. 600	4.3 STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL 33433	4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, 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 110.071(1)(b), 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 bind 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 of this attachment with an address.

SIGNATURE: X *SEVEN WOLF CONRAD* **SEVEN WOLF CONRAD** (407) 362-9196
 HIGHLY RECOMMENDED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR