

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

Pg 1 of 2

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000054381 (6)
 1. Corporation Name
MARSHALLS OF NORTH MIAMI BEACH, FL., INC.



Principal Place of Business ONE THEALL RD. RYE NY 10580	Mailing Address ONE THEALL RD. RYE NY 10580
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3. Date Incorporated or Qualified 07/22/1994	3a. Date of Last Report 05/01/1995
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21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
ATTN: CORP TAX DEPT RT 1E 770 COCHITUATE ROAD FRAMINGHAM, MA 01701	ATTN: CORP TAX DEPT RT 1E 770 COCHITUATE ROAD FRAMINGHAM, MA 01701

4. FEI Number APPLIED FOR	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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

**UNITED STATES CORPORATION COMPANY
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, STANLEY	1.2 NAME	SEE ATTACHED LIST
STREET ADDRESS	ONE THEALL RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	RYE NY	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSI, JEROME	2.2 NAME	
STREET ADDRESS	200 BRICKSTONE SQ	2.3 STREET ADDRESS	
CITY-ST-ZIP	ANDOVER MA 01810	2.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, IRWIN	3.2 NAME	
STREET ADDRESS	200 BRICKSTONE SQ	3.3 STREET ADDRESS	
CITY-ST-ZIP	ANDOVER MA 01810	3.4 CITY-ST-ZIP	
TITLE	VS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMBRO, GREG	4.2 NAME	
STREET ADDRESS	200 BRICKSTONE SQ	4.3 STREET ADDRESS	
CITY-ST-ZIP	ANDOVER MA 01810	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEIDBERG, WARREN	5.2 NAME	
STREET ADDRESS	200 BRICKSTONE SQ	5.3 STREET ADDRESS	
CITY-ST-ZIP	ANDOVER MA 01810	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	

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*****200.00**

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: *Armed Angel* APR 15 1996
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VICE PRESIDENT

CRE034 (12/95)

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MARSHALLS OF ROSEVILLE, MINN., INC.
MARSHALLS OF RICHFIELD, MN., INC.
MARSHALLS INC. AND ALL SUBSIDIARIES
OFFICERS & DIRECTORS
MARCH 14, 1996

PRESIDENT	RICHARD LESSER
VICE PRESIDENT	ALFRED APPEL
VICE PRESIDENT	DONALD CAMPBELL
VICE PRESIDENT	DAVID WEINER
VICE PRESIDENT	IRVING RITZ
TREASURER	STEVEN R. WISHNER
ASSISTANT TREASURER\ ASSISTANT SECRETARY	MARY B. REYNOLDS
SECRETARY	JAY H. MELTZER
ASSISTANT SECRETARY	KEVIN FOX
ASSISTANT SECRETARY	ANN MCCAULEY
CHAIRMAN BOARD OF DIRECTORS	BERNARD CAMMARATA
DIRECTOR	DONALD CAMPBELL
DIRECTOR	RICHARD LESSER

BUSINESS ADDRESS
(FOR ALL OF THE ABOVE):

ATTN: CORP. TAX DEPT.
770 COCHITUATE ROAD
FRAMINGHAM, MA 01701

ANNUAL MEETING
FIRST TUESDAY IN JUNE

TERM OF OFFICE FOR
ALL OF THE ABOVE:
MARCH 14, 1996 - JUNE 4, 1996