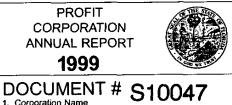
PROFIT CORPORATION ANNUAL REPORT

1999

MARAOLO FACTORY OUTLET, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90087 045 ***150.00

Principal Place	e of Business	Mailing Address	Mailing Address					iaki (891 010)! Bib	IR BIBLI BIBLI BI	(1 6 6 6 H L L L L L L L L L L L L L L L L	
12801 SUNRISE BOULEVARD		576 FIFTH AVENUE	576 FIETH AVENUE								
SUITE 509		SUITE 1102					DO NOT WEITE IN THE SPACE				
SUNRISE FL 33323			NEW YORK NY 10036			-	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
US		U\$	05								
		On Mailing Adden					10/30/1990 4. FEI Number		Anr	lied For	
-	ace of Business	<u> </u>	2a. Mailing Address				NOT APPLICABLE		<u> </u>	Applicable	
Suite, Apt. #, etc.		Suite Ant #	Suite, Apt. #, etc.						\$8.75 A		
22		27	7			i	5. Certificate of Status Desired		Fee Rec		
City & State		City & State					6. Election Campaign Financing		\$5.00	May Be	
23	-	28	28				Trust Fund Contribution		Added to		
Zip Country		Zip	Zip Country				8. This corporation owes the cur	rent year Inta	ngible		
24	25 29			30			Personal Property Tax.		☐ Yes	□No	
	9. Name and Address of Cu	rrent Registered Agent		\coprod			10. Name and Address of New	Registered A	.gent		
				81	Name						
FINKELSTEIN, STEPHEN H.				82	Street	Addres	s (P.O. Box Number is Not Accept	able)			
	EINBERG & SLEWETT										
767 ARTHUR GODFREY ROAD											
MIAN	N BEACH FL 33140								85 Zip C	ode	
				84	City			<u> </u>	_		
11. Pursuant	a Statutes, the a	above	-named	corpora	ation submits this statement for the	e purpose of c	hanging its r	registered istered			
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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regi					t signature r	required w	nen reinstating) ADDITIONS/CHANGES TO O	DATE AND	DIRECTO	20 IN 12	
12.	OFFICERS AND DIRECTORS DELETE		13.			Т	ADDITIONS/CHANGES TO OI	-FICERS AND	Change	Addition	
TITLE	<u> </u>			1.1 TITLE							
NAME	MARAOLO, S				1.2 NAME 1.3 STREET ADDRESS						
STREET ADDRESS	576 FIFTH AVENUE		1			ĺ				1	
CITY-ST-ZIP	NEW YORK NY	TM nc			CITY-ST-ZIP		<u> </u>		Change	Addition	
TITLE	7. 0			2.1 TITLE 2.2 NAME		/ A	FORAS G		7	٠	
NAME	ALINGORN, A		1		2.3 STREET ADDRESS 3		SIL A.			-	
STREET ADDRESS	576 5TH AVE				2 4 CITY-ST-ZIP		RRAS, G 16 5+h AUC 1 NY 10036			1	
CITY-ST-ZIP	NY NY 10036				1-219	//	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	Addition	
TITLE		C 25		AME					_ ,	_	
NAME					ADDRESS						
STREET ADDRESS											
CITY-ST-ZIP TITLE				CITY-S TILE	1-219				[] Change	Addition	
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					ADDRESS						
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CITY-ST-ZIP TITLE		☐ DE			1 - ZIF	 			☐ Change	Addition	
NAME				IAME							
STREET ADDRESS					ADDRESS						
				CITY-S						Ì	
CITY-ST-ZIP TITLE		☐ DE				\vdash			Change	Addition	
NAME	: 	_	1	IAME							
STREET ADDRESS			6.3 \$	6.3 STREET ADDRESS							
STREET ADDINESS						1					

14. 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:

SIGNATURE RESPURED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)